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ABSTRACT

This third of three booklets was prepared by the Michigan Office of Services to the Aging to help agencies concerned with aging to plan volunteer programs. This volume is a compendium of resources, including materials from seven different volunteer programs. It contains a wide variety of training tips and techniques to help the person(s) in charge of training volunteers. The range of settings includes public schools, nursing homes, homes for the aged, escort services, and friendly visiting. Many of the programs include detailed guidelines, job descriptions, and sample forms. (Author/BP)

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TR-VL-12-419 Joan Walter

Developing Your Volunteer Program in Aging

ED167859

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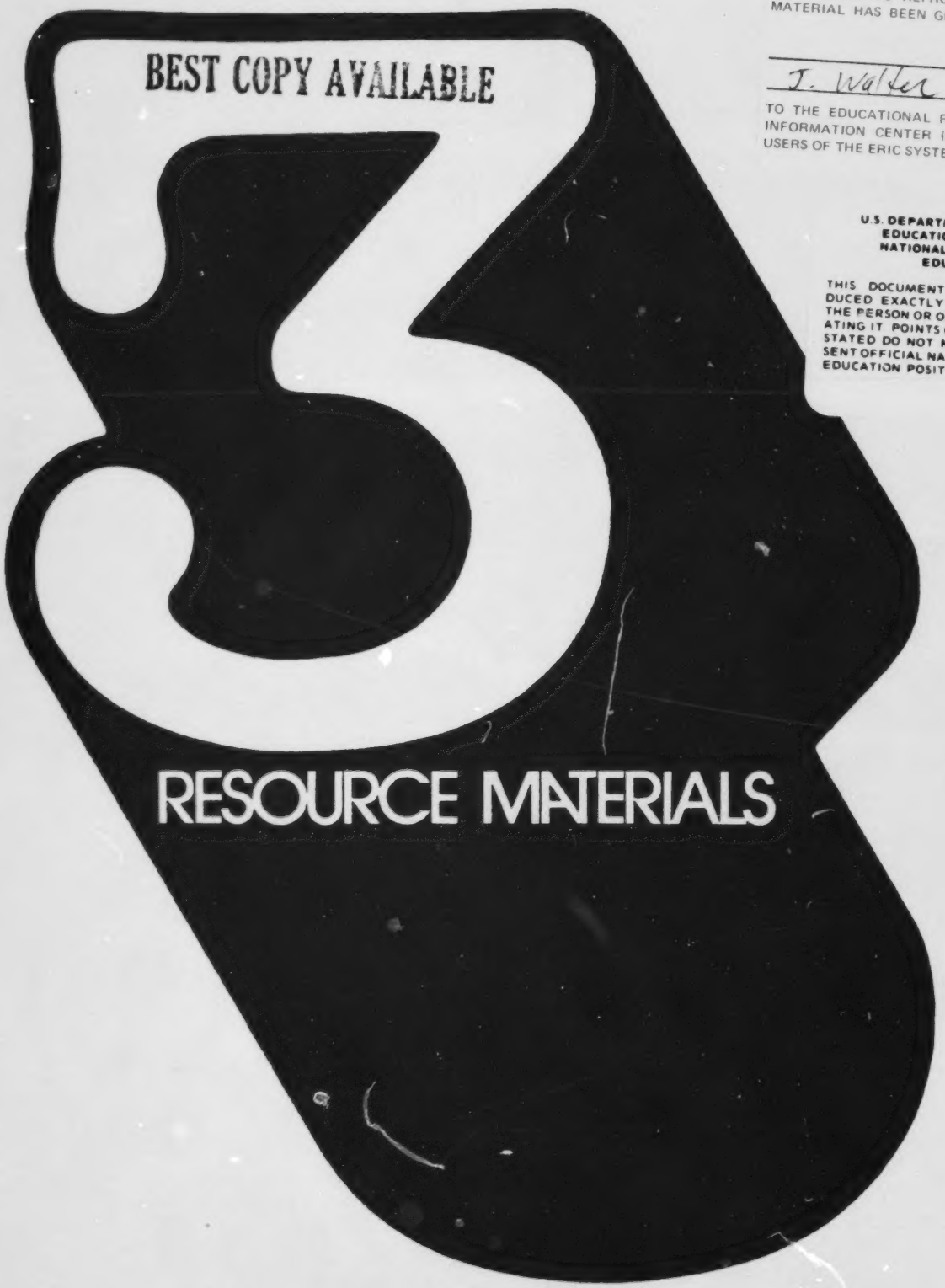

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Michigan Office of Services to the Aging

INTRODUCTION

This Manual has been prepared by the Michigan OFFICE OF SERVICES TO THE AGING to aid agencies concerned with aging in planning volunteer programs.

We have attempted to make the material applicable to most situations. It can be used to help staff: identify program responsibilities, plan effective management of volunteer programs, and train volunteers. Of course, each person involved with a volunteer program will develop his/her own approaches which will best suit his/her personality and that of the agency. The steps outlined in the booklets are merely suggestions.

The Manual is composed of three booklets. The first booklet (Volume 1) covers the essentials for volunteer program development: identifying and assessing your need for a program, writing job descriptions, and identifying the resources to help you implement your volunteer program. It describes recruiting, matching and placement, orientation, and other important procedures you might wish to use. In addition, this booklet deals with aspects of administration, such as funding and budgets.

The second booklet (Volume 2) has been prepared to aid the volunteer coordinator design and implement a successful training program for their volunteer network. It's primary focus is on developing the means to bring forth the skills and talents of volunteers to meet clearly specified objectives. The principles of this training program have been utilized and proved to be successful by the ACTION student volunteer program. Since it makes sense to build on past success, this booklet is an edited version of "Training Student Volunteers," published by the ACTION National Student Volunteer Program, Washington, D.C.

The third booklet (Volume 3) contains descriptions of and materials from a variety of volunteer programs around the country.

The first booklet, "Laying the Groundwork," is intended for the agency director and staff. The second booklet, "Training Design," is meant for the volunteer coordinator. The third booklet, "Resource Materials," is directed to be agency director and staff. All three volumes can be obtained from the Michigan OFFICE OF SERVICES TO THE AGING.

If you would like assistance in implementing your volunteer program or training sessions, please feel free to contact us.

It is our hope that through utilizing this material you will be able to realize the full value of volunteers in your community.

Ronald E. Kivi
Director
Michigan Office of
Services to the Aging

ACKNOWLEDGEMENTS

The purpose of this booklet is to bring together materials from various volunteer programs and make them available in compact form to all those interested in developing volunteer programs in aging. The Michigan OFFICE OF SERVICES TO THE AGING wishes to thank the many individuals and organizations who gave permission for their materials to be included in this booklet.

Special thanks go to Georgette Hansen and Institute of Gerontology staff members for handling production details.

PHILOSOPHY STATEMENT

A volunteer program can be a tremendous asset to a community. It can provide necessary services that would be otherwise unavailable. It can reach people who are desperately in need of help, but who receive assistance from no other organization. It can provide a meaningful opportunity to the person who wants to contribute to another's welfare or to the welfare of his/her community.

In no way will the volunteer replace the professional staff of a program in aging. Rather, the volunteer can supplement and complement any staff effort. the Michigan OFFICE OF SERVICES TO THE AGING proposes that a volunteer, when given training and proper supervision and supported by a well-organized volunteer program, can bring about a wider range of services, and play a major role in meeting the needs of Michigan's aging citizenry.

This publication was made possible by Administration on Aging, U.S. Department of Health, Education, and Welfare, Title IV grant funds.

TR-VOL-T2-412

DEVELOPING YOUR VOLUNTEER PROGRAM IN AGING

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RESOURCE MATERIALS

Compiled by

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Michigan Office of Services to the Aging

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January, 1976

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FRIENDLY VISITING

THE FRIENDLY VISITOR GUIDEBOOK

A Guide to participation in the
FRIENDLY VISITOR PROGRAM of
Allegheny County

a function of
ADULT SERVICES
429 Forbes Avenue
Room 1706, Allegheny Bldg.
Pittsburgh, Pa. 15219
355-5479

HELLO VOLUNTEER!

Welcome . . . . Welcome

We welcome you as a Volunteer to the FRIENDLY VISITOR PROGRAM. This program is sponsored by Adult Services. You, as a Volunteer, are indispensable. Without you, the program simply could not exist. So again, WELCOME!

The contribution of the Friendly Visitor is a double one. Each visit you make enriches the often cheerless life of an individual. In order that you may make your visits of real value, and that you yourself may derive the deepest possible satisfaction from your service to the community, we are sharing with you the information on the following pages.

The value of this program, to you as well as to the community, has proven itself in other areas throughout the country. Some places are ahead of us in organization and scope of the FRIENDLY VISITOR PROGRAM, but many, many others are attempting to set up such a service. Even though our program is just a little more than one year old, the Adult Services' FRIENDLY VISITOR PROGRAM has been growing steadily.

With your help and the help of others like you, we can surely look forward to the day when we will fully satisfy Allegheny County's great needs for very FRIENDLY VISITORS.

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THE FRIENDLY VISITING PROGRAM

What do we mean by "Friendly Visiting"?

Friendly Visiting means visiting those individuals whose emotional and physical well-being is impaired by loneliness. This is done under the direction of the Co-ordinator of Friendly Visiting. We expect each visitor to visit weekly for about an hour someone imprisoned in loneliness.

The Co-ordinator of Friendly Visiting carefully selects appropriate persons for assignment to individual visitors. Before the Co-ordinator assigns a Friendly Visitor to an older person, the Volunteer must have specific training.

The training includes what is expected, what should be avoided, how to make reports, discussion of all problems of the Volunteer, the circumstances of the person to be visited, and an actual visit. In case the Friendly Visitor is unable or unwilling to accept the assignment of the Co-ordinator, or having once accepted, is unable or unwilling to continue visiting that particular person, the Friendly Visitor is asked to notify the Co-ordinator promptly so that a new assignment may be discussed.

Who are the Persons Visited?

The persons served by this program are elderly and all have one need in common - that of someone to take a personal interest in them for at least an hour a week. They may live alone or in a special situation where the warmth of friendliness supplied by the visitor is needed to supplement the services of the professional staff workers. Often the visited are poor and homebound.

How are the people who need visitors located?

Usually people are referred to the Friendly Visitor Program in one of the following ways:

1. Caseworkers from Adult Services.
2. Persons referred to the Friendly Visitor Program by the Social Service Department of various hospitals, the Visiting Nurse Association, the YMCA or the YWCA.
3. A visitor is requested by the person himself. This usually follows a spurt of publicity by radio, television or the newspaper.
4. At times, the family of a shut-in asks for a Friendly Visitor.

BASIC PRINCIPLES OF FRIENDLY VISITING

1. Visiting someone pays tribute to his worth and dignity as an individual.

2. Often the Friendly Visitor discovers health problems or emotional needs which may be given proper attention soon enough to spare untold pain and distress to the individual.

3. Persons who are given the support of friendship live happier and healthier lives.

4. The Friendly Visitors themselves experience a deeper appreciation for the blessings of mobility and personal good health when they see how dependent one becomes without either.

5. Someone cares. That makes all the difference in the lives of any of us. This is doubly true in the life of one whose family and friends have passed on.

RESOURCES

What can the Friendly Visitor expect of the Agency?

1. The Friendly Visitor will be assigned only to a person who has indicated a desire for company, thus assuring the visitor a welcome.

2. The Friendly Visitor will be given a description of the older person's circumstances.

3. A Friendly Visitor will not be required to continue to call on an individual who is uninterested. Any request to the Co-ordinator for transfer to another person will be honored.

4. The Friendly Visitor will not be assigned to anyone with a communicable disease.

5. The Friendly Visitor may discuss with the Co-ordinator personal preferences pertaining to visiting with the confidence that they will be given consideration.

6. As a Friendly Visitor grows in understanding of the elderly person's needs, insight into personal family needs grows also.

7. The Friendly Visitor is neither requested nor encouraged to spend money on visits. It is preferable that the person visited look forward to friendship rather than gifts.

8. The Friendly Visitor will be aided by the Co-ordinator in any way possible to make visiting more worthwhile for both parties concerned. Adult Services will periodically inform Friendly Visitors of new reading matter, timely suggestions and creative ideas.

The Friendly Visitor may expect deep appreciation for a job well done.

(The role of the Friendly Visitor Program in the community at large has been that of a guide. Clubs, church groups, civic groups, and program directors are increasing referring to the FRIENDLY VISITOR PROGRAM OF ADULT SERVICES for guidelines in setting up their own program. Within the last six months, dozens of agencies from all areas of the country have written to Adult Services for copies of the Friendly Visitor Guide. Any part of this booklet may be reproduced without permission. The Co-ordinator of the Friendly Visitor Program is available for meetings and discussions with other organizations and agencies on how to get started. Just call: (412) 355-5479.)

How does one get into the FRIENDLY VISITING itself?

A person wishing to volunteer either calls Adult Services or writes a letter inquiring about the FRIENDLY VISITOR PROGRAM. The Co-ordinator responds by calling the volunteer, then sending out an application form.

When the volunteer returns this form, he/she is contacted by telephone. The opportunity to get involved immediately by phoning a shut-in is offered to the volunteer. This activity allows for first-hand sampling of the demands and rewards of FRIENDLY VISITING. The volunteer is asked to keep in touch with the Co-ordinator.

When three or four new applications have been returned and initial contacts are being made, the Co-ordinator sets up a two-day training session. These are usually the third week of each month. Notices are sent to all volunteers who have not been downtown to a training session.

In general, the Training Session Format is:

First Day - 10:00 A.M. to 3:00 P.M.

An introduction to Adult Services.

Discussion of the fundamental problems of loneliness and aging.

Orientation to available services for our clients.

Movie (always one dealing with Aging, Human Needs, etc.) followed by discussion by volunteers.

Review of actual request for FRIENDLY VISITORS.

Planning of visits to clients.

Second Day - A.M.: Visiting, accompanied by Social Worker or Co-ordinator.
P.M.: Return downtown for discussion.
Volunteers receive diploma for attending sessions.

IN-TRAINING SERVICE

This is done in a number of ways:

. . . through the communication of the Friendly Visitor with the social worker,

RESOURCES

. . . or agency referring the Visitee,
. . . through planned tours as a visit to a nursing home,
. . . through getting together with other visitors at a "Coffee Session" downtown each month, and
. . . through attendance at conferences, lectures and programs concerned with the needs of the elderly shut-in.

FRIENDLY VISITOR TRAINING PROGRAMS

Training for the invaluable work a Friendly Visitor is to perform gives both dignity and a para-professional status to the volunteer. It develops an awareness of both problem and possible solution. It channels the energies of the individual toward an appropriate source which may fill the unmet need.

The Training Session for Friendly Visiting introduces the newly recruited volunteer to the myriad services at hand for as many needs. To mention a few:

Meals-on-Wheels
Nationwide and local Senior Citizen Groups:
NCSC, AARP, Golden Agers
Medical Assistance
Social Security
Society for the Physically and Visually Handicapped

Though the Training Sessions for the Friendly Visitor Program alert the volunteer to the existence of these resources, it does not pretend to give a fully adequate explanation of any. A more comprehensive description is given later by speakers from these agencies who are guest speakers at monthly Coffee Sessions.

The Friendly Visitor is included in tours of such places as Kane Hospital, Western Restoration Center, Little Sisters of the Poor, and various boarding homes. Happily the volunteer learns and enjoys these experiences in the world of geriatrics. Only great-hearted people survive in this work.

However, all this is done by way of enrichment, and knowledgeability. For a Friendly Visitor needs only to notify the Co-ordinator when a need for these special services is discovered. The Friendly Visitor is not expected to assume the role of Social Worker.

What should the Friendly Visitor know about the Aged?

The Friendly Visitor who is aware of some of the basic needs and characteristics of older people will make a greater contribution to their well-being.

A. OLDER PEOPLE NEED REASSURANCE. Many of the persons you visit have lost their place in the family. They are afraid of their illness, of old age, of death, of change, of being pushed around, of being alone, of not having enough money. They tend to draw into themselves - to lose interest in anything not directly connected with their own routine.

B. OLDER PEOPLE NEED APPRECIATION. Friendly Visitors can help the aged to look back into their own lives to share the value of their experience by asking for their judgment in little things and by showing respect for their opinions.

C. OLDER PEOPLE NEED TO MAINTAIN THEIR SELF-RESPECT. Never lie to them. Instead, treat them realistically. To say you did not notice a difficulty in walking, for example, is a lie and unrealistic. It also says you don't respect their intelligence.

D. OLDER PEOPLE NEED TO MAINTAIN AS MUCH INDEPENDENCE AS POSSIBLE.

The Friendly Visitor can contribute to the above needs by:

1. Encouraging and helping them to do things for themselves - dressing, caring for hair and general appearance, etc.

2. Helping them to maintain their privacy.

3. Encouraging cleanliness.

4. Re[illegible]gnizing the need for and importance of older people's possessions, no matter how valueless or unappealing.

5. Not belittling their efforts either directly or indirectly. Don't indicate that they are "too slow" or not skillful enough.

6. Noticing older people - converse with and joke with them on an equal level - don't talk down to them - use their names.

7. Encouraging them to assume some responsibility for doing small jobs, for themselves or their families - no matter how small.

RESOURCES

The Ten Commandments of Visiting
FURTHER SUGGESTIONS ON "GETTING TO KNOW ALL ABOUT YOU" . . .

1. Listen to what is said as well as to the feelings that are expressed, the fear, the anger, or the hopefulness. To acknowledge that a fearful person is afraid or that an angry person is angry may be more helpful at the outset of your relation to the shut-in than offering what might turn out to be false reassurance, once you know him better.

2. Take time before passing judgment on the shut-in or his way of life. After you and he are no longer strangers, you will begin to understand the more subtle aspects of his human situation.

3. Give the shut-in your genuine interest, your warmth, and your reliability. This is more helpful than offering to solve his problem. Convey that you share his emotional burden but are not going to lift it off his back. Too many people think their problems are like old friends - they don't want to lose them until they themselves "give them the gate."

4. Do the friendly little things that occur to you as needed: run errands, make phone calls, drop a line to your shut-in when you are out-of-town.

5. Inform yourself of the community and family resources your shut-in can turn to for help. His agency worker can tell you about some of the resources that he is using and others which "turn him off."

6. Accept the shut-in's complaints about the people in his life as well as about the clinic that keeps him waiting, the welfare worker that "cheats" him out of his just dues. With his permission, transmit his complaints to the agency. It is better not to advise or take sides unless you know the facts.

7. Relate in a natural, friendly way but avoid burdening the shut-in with your own problems. This is not to say that you can't mention members of your family and briefly share an interesting personal experience or an anecdote. Mainly, conversation should center on the shut-in's own concerns, triumphs, and hopes, since he is a deprived person, socially as well as economically. You would not be visiting him if he were not.

8. Visit with regularity and reliability. The consistency of your visits may provide your shut-in with one of the predictable pleasures in his daily life.

9. Keep in touch with the agency that is supervising your friendly visiting.

10. Ask yourself, as you visit your shut-in whether you feel a natural liking for him. The mutual liking is the oil that will lubricate the relationship and make the experience of maximum value to him.

FRIENDLY VISITING

The Friendly Visitor Program of Adult Services participates in the county-wide observance of National Volunteer Week. In April each year, volunteers are invited to attend the proclamation of National Volunteer Week in Allegheny County, and to have their pictures taken.

Each volunteer is sent both an invitation to a luncheon, and a letter of thanks for the year's performance.

Throughout the year, Friendly Visitors are invited to participate in conferences and workshops which explore and suggest ways to make life more comfortable and rewarding to Senior Citizens. Annual examples of these are the Conference On Aging, sponsored by the Inter-Faith Ministry of Pittsburgh, and the Senior Citizens Day sponsored by Adult Services.

Not least to be mentioned is the assistance in telephoning or clerical work which volunteers are asked to give in the downtown office.

However, on the lighter side, Friendly Visitors escort many shut-ins to special concerts at night, and Civic Light Opera productions at Heinz Hall. Certainly not one of those escorted could possibly attend these gala occasions if the faithful volunteer did not bring them.

A CODE FOR A VOLUNTEER

"As a Volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters, confidential."

"I interpret Volunteer to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards, as the paid staff expect to do their work."

"I promise to take to my work an attitude of open-mindedness, to be willing to be trained for it, to bring to it interest and attention."

"I believe that my attitude toward volunteer work should be professional."

"I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public."

"Being eager to contribute all that I can to human betterment, I accept this code for the Volunteer as MY Code, to be followed carefully and cheerfully."

RESOURCES

What does an ideal FRIENDLY VISITOR do?

Listens well.
Chats about ordinary daily topics.
Reads aloud.
Writes letters.
Encourages the development of hobbies (where the doctor approves) such as knitting, simple weaving, sewing for charity, plant-growing, etc.
Encourages interest in personal appearance.
Takes magazines, flowers, books.
Plays simple games.
Shops for shut-ins.
Takes friend for a walk or a drive.
Escorts friend to doctor, dentist, clinic where possible.
Plans small surprises.
Ask friends opinion and advice on small problems or projects.
Encourages a give-and-take relationship.
Notifies appropriate persons of any significant changes in friend's health.
Tries not to break engagements.
Is careful about discussing politics, religion, doctor's diagnosis and depressing subjects of whatever kind.
Refrains from criticizing.
Doesn't monopolize the conversation.

May one deduct "out-of-pocket" expenses for income tax purposes?

Out-of-pocket expenses that you pay in rendering services without compensation to a charitable organization are deductible as contributions. These include amounts you pay for transportation from your home to the place where you serve. I.R.S. Pub. 526 (10-70)

THE TELEPHONE

May a person volunteer to do visiting by phone?

Yes, we have two programs: Tele-care and Telephone Reassurance. These are certainly much needed and an opportunity for one who is alert, but for some reason unable to go out visiting.

The "Tele-care" form of visiting is a special form of service. Under normal circumstances, telephoning may even be daily. Those who request this simply want an occasional friendly telephone call. The friend who calls at a specific time knows what to do if the client doesn't answer. The caller has the phone number of two neighbors and a concerned agency when the phone goes unanswered.

If You Can't Continue As A Friendly Visitor: Telephone Reassurance

Remember:

1. Call daily at the time you promised. Two persons wanting this service are sometimes assigned to call one another.
2. Identify yourself. Turn your friend on. Talk slowly and clearly.
3. Listen. Learn to identify specific needs.
4. Tell a joke, or some funny thing you saw or did that happened. Laughter is the best medicine.
5. Close with a cheerful comment. Let your client know you care.

AND

Don't forget to let the phone ring a long time.
If you don't get an answer, try again in 15 minutes.
If you still don't get an answer, get someone to stop over to see if all is O.K. Maybe something happened - a fall, a stroke.
Always have the phone number of two neighbors and a concerned agency who knows your client. Use this when necessary.
Notify the coordinator at least every month that the situation is fine or needs some help.

HAPPY PHONING

HOW TO START A FRIENDLY VISITOR PROGRAM IN YOUR CHURCH/SYNAGOGUE

The purpose of the Friendly Visitor Program is to reassure an elderly shut-in of his own value as an individual. It is also to give him love and attention which will cut back on the loneliness attendant on the inactive years of his life.

1. Arouse interest through church/synagogue announcements and printed bulletins.
2. Appeal for volunteers to help find the shut-ins within the local area.
3. Get lists of members from Pastor, Rabbi.
4. Call each family, asking particularly about any home-bound members.
5. Ask a group already active in the field to come and talk with the volunteers.
6. When a nucleus of people is available, have an established group set up a training session for Friendly Visiting.
7. Set regular monthly meeting for the volunteers.

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THOUGHTS . . . . THOUGHTS . . . . THOUGHTS . . . . THOUGHTS

Can you imagine what a dull week it would be when there is nothing to look forward to?

To end this sort of melancholy dullness in the life of a shut-in, why not plan a surprise telephone call or an unscheduled visit?

It doesn't take much to bring joy to someone's heart.

* a promise to look up an elderly "buddy"
* a visit to the flower show
* a little birthday celebration

EVENTLESSNESS is the name given to the long, long week when nothing happens.

It is deadly . . . . it takes the sparkle from the eye . . . . the reason for living.

Are you aware of the Golden Age groups in your area? Remember, there are reduced rates for Senior Citizens at some ball games . . . .
Beauty Parlors usually have a special rate as well as special care for the older woman . . . .

A card . . . . a call . . . . a rose . . . . a minute of your time . . . .

Any of these can mean the difference in the mental and emotional health of a shut-in.

REACH OUT . . . . TOUCH SOMEONE . . . . REACH . . . . REACH OUT

SAMPLE OF FRIENDLY VISITING FORMS

VOLUNTEER & INFORMATION FORM

FORM A

FRIENDLY VISITOR'S NAME: _____

ADDRESS: _____

PHONE: _____

VISITEE: _____

ADDRESS: _____

PHONE: _____

ADDRESSES OF LOCAL POLICE IN AREA, 2 NEIGHBORS IN AREA:

_____

_____

_____

DATE OF VISIT	TIME SPENT IN VISITING	NOTES

RESOURCES

VOLUNTEER TIME REPORT

FORM B

FRIENDLY VOLUNTEER HOURS FOR MONTH OF _____

FRIENDLY VOLUNTEER'S NAME _____

VISITEE	1st week	2nd week	3rd week	4th week	Total

TOTAL # OF HOURS

_____

COMMENTS:

NOTE: Suggestions for further forms that you can develop -

1. A friendly visitor "Interests" survey to achieve a more compatible match of visitor with visitee.
2. Visitor and Visitee "understand of agreement".

Form AS-V1 (2/72)

APPLICATION FOR VOLUNTEER FRIENDLY VISITING
ADULT SERVICES OF ALLEGHENY COUNTY

Date _____

Mr.
Mrs.
Miss _____
Last Name First Middle Initial Birthday

_____
Address Zip Code Home Phone

_____
Business Phone

Education - Circle Highest Grade Completed

Grade School - 1 2 3 4 5 6 7 8
High School - 1 2 3 4
College - 1 2 3 4
Post Graduate- 1 2 3 4

List Language(s)

Read _____ Write _____ Speak _____

Volunteer Experience (Show type and length of time) _____

List major interests, Hobbies (Any training?) _____

RESOURCES

List Community or other organizations to which you belong _____

_____

_____

_____

Do you drive? Yes _____ No _____
Do you have a car available for Visiting? Yes _____ No _____

Specify any health limitations _____

_____

_____

In an emergency, whom should we notify?

Name _____ Relationship _____

Address _____ Telephone _____

_____

Availability: Mornings _____ Afternoons _____ Evenings _____

Week-ends _____

Can you give time for the Training Program? Yes _____ No _____

_____

Describe limitations of your desires in visiting.

1. Number of hours per week you can devote _____
2. Days you prefer _____
3. Area of County _____
4. Type of person with whom you might find it hard to be friendly

_____

Any further information you wish to make known to us _____

_____

_____

_____

FRIENDLY VISITING: Suggestions for Volunteers

The paragraphs that follow appeared in the October 1974 issue of INTERACTION, and may be useful in addressing groups of new volunteers.

There are many older people living alone, or in nursing homes in the community, who would enjoy and need a visitor. Neighborly services and friendship can do a great deal for them. Your friendship can be a bridge to widening interests and activities.

It is essential for visitors to have an understanding of and sympathy for the problems that older people in all income brackets face today. They need to realize the loss of family and friends an older person suffers, the difficulty of living on an often inadequate income, the problems of home and hospital care when ill, the lack of transportation to community facilities, the need to understand how to use leisure time, and the loneliness that increases as we grow older.

Too often we feel that knowing how to visit is instinctive and requires no orientation. Mostly we shall be visiting strangers and must make ourselves welcome by knowing how to do and say those things which will arouse interest. This will prevent fears and doubts and allow us to gradually gain the confidence of those we visit. These days willingness is not enough, there must be knowledge and discipline as well. Respect must be engendered for the old person and his way of life, and for his experiences which shaped his thinking. Training also will increase our self-confidence so that uncertainties are replaced by knowledge.

In all contacts with older people, patience is a most important asset. Some of the people you encounter will be suffering from partial loss of sight or hearing. They may be forgetful, and their reaction time will have slowed down. They may have lost mobility of their hands due to arthritis or other factors connected with old age. They may appear nervous or apprehensive. During your first visits you might feel that they are withdrawn or hostile. Unfortunately, they may have learned through sad experience that not everyone can be trusted. It is up to the visitor to reawaken that trust by keeping all promises and by showing they care, and truly want to be friends.

Find out what the person you are visiting has been interested in during active years. Perhaps you can revive that interest or suggest other related interests. Above all, try to make this person feel that he or she is still needed and wanted. These are basic human needs--when they are no longer filled, apathy and depression take over. Make friends with the family if there is one. Their cooperation and understanding of what you are doing is very important.

These are only a few suggestions. You will discover many more for yourself.

IT'S GOOD TO HAVE A FRIEND!

It's Good to Have a Friend is a pamphlet for the individual interested in "Friendly Visiting." It includes information on: what one needs to know about older people, what being a friendly visitor requires, how to weave a relationship, and "do's" and "don'ts" for the friendly visitor. The pamphlet also gives references for further reading.

Copies of the pamphlet, published in 1970, can be ordered for $1.35/copy from:

Age Center of Worcester Area, Inc.
17 Federal Street
Worcester, Massachusetts 01608

SCHOOL VOLUNTEERS

THE USE OF

SCHOOL VOLUNTEERS

The Mott Institute
for Community Improvement
Michigan State University
East Lansing, Michigan 48824

Reproduced by:

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WHY USE VOLUNTEERS

The use of volunteers in American schools has a history dating back to the very first colonial schools. Many early schools, in fact, were administered by volunteers. In a sense that is true today -- school board members who formulate policy and make the major decisions are volunteers.

If one traces the reasons why volunteers have been used they include the following:

1) In periods of financial difficulty, volunteers can reduce operational costs.

2) When qualified professionals are unavailable, volunteers are used as temporary substitutes.

3) In small school situations, full time positions are not necessary and part-time help may be difficult to hire; hence volunteer help is used. An example is the volunteer doctor who is available to the football team.

4) Specialized needs often occur on a non-continuing basis and volunteers are recruited.

5) More recently, with the focus on disadvantaged learners, volunteers have been recruited from backgrounds similar to the child's so as to increase the likelihood that the child could be reached.

We take the position that while these may be valuable reasons for recruiting volunteers, there are three much more valid reasons:

1) Volunteers extend the number of people available to help teach. Educators for years have pointed at student-teacher ratios as too high.

2) Volunteers often bring skills to their tasks that the professional educators don't have. This is not meant to imply that we believe a teacher's education is wasted. Rather it is meant to imply that the personalities and needs of young people are so diverse that one just cannot expect to find enough talents and resources amongst a small number of teachers to maximize opportunities for all youngsters.

3) Perhaps more important than all other reasons, however, is the positive effects volunteering can have on the volunteer himself.

And if one can't accept such an esoteric value, then the public relations value is certainly still there.

We have had enough experience in school districts to know that setting up and operating a volunteer program is not easy. Often times you will question whether the investment of time and resources is offset by any gains. There may be occasions when it would be easier to do the job yourself than to train a volunteer to do it. In the long run though, our experience has been that all the work, problems and paper work are more than offset by the results -- a better community in which to educate children and adults.

Role Descriptions

Unquestionably, the decision to use volunteers in the school is a most significant step. Having made such a decision, the administrator and the staff must then give serious consideration to the ways in which volunteers are to be selected.

People should probably not be recruited simply to fill an undefined role as a volunteer. It would seem wiser to recruit volunteers having the particular skills, talents and interests needed in the school. This suggests the importance of a thorough assessment of the needs of students and teachers in the school, prior to beginning the selection procedure. Ideally the staff should reach some consensus as to the probable roles of volunteers. This, then, may be used as a framework upon which to develop both selection rationale and broadly stated job descriptions.

Recruitment

Armed with such selection rationale and preliminary job descriptions, the staff is now ready to begin its search for prospective volunteers.

The question arises: Where do we go to recruit? Here it would seem that the imagination should be allowed full reign. While the possibilities for locating potentially successful volunteers is almost limitless, some suggestions may be of value. Clubs and organizations within the community are a good place to begin. One might visit the League of Women Voters, for example, and find ten volunteers of good potential in a hurry. Clearly the age range of good volunteers is extensive. Within the same school it would not be surprising to find elementary, junior high and senior high school age students working along side senior citizens; both groups contributing in their own unique ways to a successful volunteer program.

Most of us tend to be somewhat cautious when committing ourselves to the performance of some service. There are some things that we generally

want to know before we promise our time and efforts. An important factor for most people is the magnitude of their commitment. If, for example, volunteers are selected with the expectation that they will remain active for an entire school year, many are likely to be reticient. Thus, it would seem wise to specify initially that a volunteer is expected to serve for a shorter period of time, say six to eight weeks, thereafter having the option either to continue or terminate his service. There is comfort in knowing that, if the job is not as rewarding as was anticipated at the outset, there is a built-in escape clause which will more likely prevent any hard feelings among school personnel and feelings of guilt among the volunteers who choose to discontinue their services.

Obviously, this kind of introductory period also allows the school personnel to exercise their option of not continuing with a person who has been less than effective in the role of volunteer. This might be likened to license renewal time, when both parties have the option of renewing their commitments to one another and together, to the students they serve.

As previously mentioned, the existence of a job description is of great importance. This does not mean, however, that the assessment of needs leads directly into an ironclad decision about such descriptions. Much value may be obtained by including prospective volunteers in the development of job descriptions. In this way, their talents and interests are more likely to be incorporated into their jobs, thus increasing the chances for success of the volunteer program. Such joint planning may have additional strength. Where prospective volunteers' interests and talents lead them to propose job descriptions and activities which are not in the best interest of students, the opportunity is present for the school staff to modify these proposed activities and to better align them with the needs of the student.

Management of a Program

An effective volunteer program requires thoughtful management and coordination. A wide range of possibilities exists for such coordination. Frequently one volunteer will be both willing and able to serve in this capacity. Ideally such a person should take an active part in the planning stages of the program. Moreover, such a person should evidence a fairly broad understanding of the goals and objectives of the volunteer effort. The school which employs a Community School Director may be able to use him as the volunteer coordinator. His close relationship with both students and adults in the community provides him with information and understanding which give him the potential to be an ideal volunteer coordinator.

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Placement

One final recruitment matter should receive the attention of the school staff. This is the matter of placement of volunteers. Placement should be a flexible arrangement initially since there is no guarantee that initial placement will constitute the best possible arrangement. The relationship between the teacher and the volunteer and between the volunteer and the student should be as free of conflict as possible. Where such conflicts do arise, systems should be built into the organizational model which allows for transfer of volunteer personnel with a minimum of embarrassment and hostility.

Recruitment in and of itself is not a sufficient condition for developing a successful volunteer program. Along with recruitment is a strong need for adequate screening. This implies, of course, the elimination of volunteer personnel who clearly would not have a positive, productive influence upon children. But beyond this, one would want to screen prospective volunteers in terms of their apparent motivation. In so doing, one is more likely to be able to differentiate between those who will be consistent and those who lack proper motivation and would not be reliable. Moreover, careful screening would seem a prerequisite since the volunteer worker is likely to be privy to information about students which should remain confidential.

Orientation

Having once recruited and screened volunteers, the administrator and staff will need to embark upon an orientation program. Such a program should be composed of at least three components:

1) An understanding of the generalized school setting in which the volunteer will be working.

2) An understanding of general activities for the volunteer worker.

3) An understanding of the ways the staff and administrator view the volunteer's individual talents and interests, and the ways in which they would perceive them to be used most effectively.

A general understanding of the school setting is worth imparting even to those who live in the school attendance area. The fact that they reside there is no guarantee that they have such an orientation. Certainly one would want to characterize the racial and socio-economic make-up of the school. In addition, some coverage of specific problems characteristic of the school might be considered valuable.

Providing a general understanding of the anticipated activities of the volunteers may be a good way to give volunteers a broader perspective of their role.

The need to work with individual volunteers would seem to be strongly indicated. Most individuals will benefit from a session with the administrator, coordinator or teaching staff to lay out the specifics of what the volunteer is expected to do and what the individual perceives his role to be.

Record Keeping

An effective orientation program should probably include matters of daily routine. Thus, volunteers might be asked to make a note each day in the office of their arrival and departure. While the intent would not be one of wishing to check up on the volunteers, it might suggest the necessity of maintaining consistency and a businesslike approach to the school's operation. Volunteers might be asked to prepare a record in which the specifics of their daily contacts with the children could be summarized and evaluated. Moreover, it would seem advisable for teachers and/or supervisors to record their reactions to the efforts of the volunteers on a somewhat regular basis.

Preservice

Volunteers who are to work directly with students could most likely benefit from some preservice instruction in the ways children learn. While not wishing to suggest a heavy course in child psychology, it would seem that informal discussions centering around methods of asking questions effectively, and developing volunteer-student rapport would be of value. Moreover, the preservice training should allow time for volunteers to prepare for their new responsibilities. Just as the teacher must prepare materials for student use, so volunteers can and should be encouraged to do the same. Nothing can be more frustrating to both the volunteer and teacher than for the volunteer to be present in the classroom and have nothing to do. The volunteer might, therefore, be given some preservice time for developing a "Fireman's Kit" consisting of games, work sheets and other materials which he or she can use with children on those occasions when the teacher has not prepared a specific task for the day. Certainly the teaching staff should be a part of the planning and development of such materials. However, it would not be unreasonable to expect particularly capable volunteers to develop some expertise in diagnosis of learning problems and to become rather skilled in preparing learning materials which are directed toward the particular cognitive needs of the children with whom they work.

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How To Keep Volunteers

Probably the most important aspect of the preservice training program is the development among volunteers of a feeling of belonging. If their role isn't perceived by them as being of value to the operation of the school, the longevity of any volunteer program is placed in serious jeopardy..

Having recruited and oriented the volunteer workers to their jobs does not constitute a sufficient condition for the successful maintenance of a volunteer program. Like teachers, volunteer workers require regular inservice training. Perhaps the greatest benefit occurs to volunteers when they gain reassurance of the value of their services to the school program. Regular monthly meetings in which volunteers and staff can meet and confer, monthly newsletters covering the activities of the volunteers, and other means of communication are invaluable. Much of the value may accrue from including volunteers in the inservice meetings, seminars and workshops designed for the regular teaching staff. Certainly, a sense of belonging can thus be fostered which serves to solidify the volunteer workers and which reaffirms their value as a part of the instructional staff.

Evaluation

Evaluation of volunteer workers is not a process which takes place on a specific day or date. Rather it is an ongoing process which begins at the recruitment stage and extends throughout the volunteers' tenure in the school. While some consideration should be given to the success of students in relation to the efforts of the volunteer, it must be born in mind that such things are most difficult to measure and may, at times, be misleading. Perhaps it is better to ask the questions:

1) Are the classroom teachers happy with what the volunteers are doing?
2) How do the students seem to respond and relate to the volunteers' presence and interaction with them?
3) Is the volunteer happy in his work?

The answers to questions such as these, while subjective in nature, may provide more accurate answers than any empirically based evaluation scheme.

What Can Volunteers Do?

Clearly, an efficiently operating volunteer program has the potential for greatly expanding the success of the school's instructional program. This potential, however, can be limited by lack of an imaginative program.

The effective use of volunteers requires a rather broad outlook toward the kinds of jobs they can and should perform. Certainly, clerical help is of great benefit to school personnel; and, it would seem that many volunteers would feel most comfortable contributing in this way. For others, clerical work would not be adequate to sustain long-term interest. For such people, other means for providing service must be identified.

The range of possibilities extends as far as the imagination is able, and the regular staff willing to go. Volunteers can serve a vital function by supervising recess and lunch periods, thereby freeing teachers for planning. They can help by leading out the instruction program by aiding in or even leading one-to-one, small and large group instruction. They can be of particular help by leading follow-up lessons which are designed to further reinforce learnings which have been presented by the regular teacher. Thus, the teacher is freed to work in greater detail with those students who require additional introductory input.

Volunteer workers can be of invaluable assistance to special personnel in the school. Thus, the community school director, librarian, speech therapist, music teacher, physical education teacher, art teacher and other such personnel can more effectively meet the various needs of large numbers of students. Furthermore, in addition to such long term assignments, volunteers can be most helpful by assisting with holiday parties, by sharing their particular talents and skills, by talking out their various careers, countries, cultures, vacations and the like. A small group of volunteers can be of tremendous assistance to a teacher or teachers planning and taking a field trip.

Virtually all teachers have need of help in the preparation of classroom materials. Volunteers can be very valuable in the performance of activities such as producing games and other innovative learning materials both at school and at home. Old reading books, no longer of value in their present form, can be cut up and reassembled as story books for individualized reinforcement of reading skills. Volunteer fathers can provide invaluable service by offering their construction and repair skills. Innumerable "around-the-school" jobs can be filled by volunteers who are willing to produce weekly newsletters, escort visitors, and register new students.

The use of volunteers, while anything but a new idea in education, has unquestionably reasserted itself in the schools in the last few years. Whether it remains a viable approach, and whether its potential for improving the quality of education is fully realized depends largely upon how imaginatively we, as educators, implement it within our schools. As with all matters educational, time will tell.

HANDBOOK FOR VOLUNTEER SERVICE

IN THE ELEMENTARY SCHOOL LIBRARIES

Prepared by:

Cleveland Public Schools
Cleveland, Ohio
1968

The purpose of the School Library is to aid in developing children's reading and learning and to assist the school staff in this objective. The School Library helps the child in several ways. It:

1. Encourages the development of a love of reading
2. Contributes to academic achievement
3. Discovers and develops special talents
4. Cultivates independent study techniques
5. Provides up-to-date materials and knowledge of how to use them
6. Develops close working relationship between classroom and library.

PERSONAL QUALIFICATIONS

1. Genuine interest in books and libraries
2. Pleasing personality, with ability to get along well with children and adults
3. Willingness to accept responsibility for the task assigned and for the hours assigned
4. Ability to follow suggestions and directions in a cooperative manner
5. Neatness and accuracy in performing routines
6. Good judgment and tact
7. Well-groomed appearance

GENERAL RESPONSIBILITIES

1. Completes the processing of books and magazines
2. Circulates library materials, charging and discharging them
3. Issues overdue notices to homerooms
4. Makes simple book repair
5. Shelves and reshelves books
6. Assists teachers and children whenever this is possible
7. Assists in maintaining cheerful library atmosphere while good citizenship is emphasized
8. Assists with displays and exhibits
9. Establishes good rapport with all school personnel
10. Discusses problems with the library aide or supervisor

LIBRARY TERMS WITH WHICH YOU SHOULD BE FAMILIAR

AUTHOR CARD	Catalog card which has the author's name on the top line. It is usually written MAIN ENTRY.
BIBLIOGRAPHY	A list of books or writings.

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BIOGRAPHY	A written account of a person's life.
BOOK CARD	The card used to represent the book when it has been borrowed from the library. When the book is in the library, the card is kept in the book pocket. This card is sometimes called a book check.
CALL NUMBER	The classification number and the author initial which appear on the spine of the book, on the upper left-hand corner of all catalog cards for the book, and on the book pocket and card.
CARDING BOOKS OR SLIPPING BOOKS	Replacing the proper book card in the book pocket after a borrowed book has been returned.
CATALOGING	The process of making an index on cards of authors, titles, and subjects of all books in the library.
CHARGE	A record of the loan of a book.
CIRCULATION RECORD	The record of all the books and other library material circulated by the library.
CLASS NUMBER OR CLASSIFICATION NUMBER	The number assigned to the book to stand for the subject of its contents. Also called the Dewey Decimal number in libraries using the Dewey Decimal Classification system.
COPY NUMBERS	Numbers assigned in succession to duplicate copies of a title. They are entered on the shelf list cards and added to the call number on the title, the invoice pages, book pocket, and the book card.
COPYRIGHT DATE	The date of the copyright as given in the book, usually on the back of the title page. The most recent date is used. The copyright date indicates the currency of information included in the text. The printing date, generally on the title page, does not indicate when the material was written.

DATE-DUE CARD	A card inserted in the pocket on which is stamped the date the book will be due.
DATER	A stamp which indicates the date on which any library loan is due.
DEWEY DECIMAL CLASSIFICATION	A classification system in which knowledge is divided by subject into ten major groups. Each group can be subdivided indefinitely.
ENTRY	The record of a book in a catalog or a list.
GUIDE CARD	A card, with a tab projecting from the top, designed to help in locating information in a card or a vertical file. The alphabet or other information may be placed on the tab.
IMPRINT	The publisher's name and the date of publication.
INVENTORY	A check of every book on hand with the record of every book owned by the library. Books on hand include those on the shelves, on loan to borrowers, or out for mending and rebinding.
MAIN ENTRY	The basic card of "unit card" from which other catalog cards for the book are made. It is also called the MAIN CARD and is usually the author card.
P. SLIP	A 3" x 5" paper slip.
PERIODICAL	A publication, usually a magazine, appearing at regular intervals.
SLIPPING BOOKS	Replacing the proper book card in the book pocket after a borrowed book has been returned.
SNAG	Book for which no book card can be found, or a book card for which no book can be found.
SPINE	The back of a bound book, on which may be found the author's surname, the short title, and the publisher. Libraries usually place the call number for the book on the spine.

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SUBJECT CARD	A catalog card which has the subject of the book on the top line.
TITLE CARD	A catalog card which has the title of the book on the top line.
TITLE PAGE	A page near the beginning of the book on which is printed the full title of the book, the author, the publisher, and other items of information about the book.
TRACING	A record on either the front or the back of the main entry of all other cards made for the book. When analytic tracings are attached to the shelf list card, a note to this effect must be added to the tracings on the main entry.

COMMON ABBREVIATIONS USED IN LIBRARY WORK

c	copy; (circa) about
E	Easy
illus	illustrated by or illustrator
dup	duplicate
ed	edition
R	Reference
rev	revised
S. C.	Story Collection
ser	series
supp	supplement
vol	volume
p. or pp.	page or pages
q	oversized books

SERVICES

BOOK PROCESSING:

1. Check each set of catalog cards against the book.
2. Open each book properly. Place the book on a flat surface opening a few pages from the front, pressing gently, then a few pages from the back. Repeat the process. Children may assist.
3. Stamp the school name, indicating ownership, on the specified pages:
   - title page
   - side edges of book
   - book pocket

4. Separate shelf list and catalog cards.
5. Enter on the shelf list card the price of each copy and date. If there is more than one copy indicate this by copy number. The first copy is not indicated; begin with c. 2 when the second copy arrives.
6. Filing of catalog cards:
   a. Refer to the filing rules.
   b. Alphabetize cards according to the first word on top line.
   c. File cards above the rod for revision.
7. Filing the shelf list:
   a. Separate fiction and non-fiction cards.
   b. Arrange the fiction alphabetically by author and then by title.
   c. Arrange the non-fiction by number, then by author and title.
   d. File E and SC separately from other fiction.
8. Oversized books or quartos are shelved separately. Books, book cards, catalog cards, and shelf list cards need to have a "q" placed before the call number. Please do this neatly in black ink or type.

CIRCULATION:

This service requires accuracy and speed. It follows a fairly general pattern. Most books circulate for one week.

1. Desk routines -
   a. Check date on date due cards for accuracy. Books are circulated for one week with occasional renewal. Be careful not to date books making them due on a school holiday.
   b. Sharpen pencils.
2. Issuing materials -
   a. The name and homeroom number should be written legibly on the book card by the borrower.
      For children in grades K-1 the volunteer will write the names on the card. A list of children by rooms is at the library desk.
   b. Slip the date due card in the book pocket.
   c. Place book card in charging tray.
   d. Books which are to be utilized for a special assignment may be placed on overnight reserve to enable more children to borrow particular books.
      Children would have to return these books the next morning.
      Cards for these books should be filed separately.
3. Clearing returned materials or discharging a book -
   a. Locate book card in circulation file under the date the book was due. (Slip it into book pocket, as you remove the date due card.) Carefully compare classification number, copy number if there is one, author, and title.
   b. Cleared materials should be placed on the book truck for shelving.

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4. Snags -
   a. Separate snags;after one week prepare a duplicate card and label it dup.
   b. File snag cards separately.
5. Closing routines -
   a. File circulation cards in the charge tray, by date due, in this order:

      fiction (by author)
      nonfiction (by number)
      magazines
      pamphlets

   b. Watch for filled book cards and prepare new book cards to replace them when the book is returned.
   c. Count the circulation and record it in the Circulation Record.

SHELVING:

1. Books should be arranged on the book truck before going to the shelves. Group fiction by author, separating Easy books and Story Collections. Arrange nonfiction in numerical order.

INVENTORY:

1. Put the books in exact order on the shelves.
2. Check shelf list cards against the books in circulation.
3. If a book is missing, mark M and the year on the shelf list card.
4. If a book was missing on the previous inventory, it is presumed lost and is so marked on the shelf list, indicating the date.
5. Catalog cards are removed from the catalog when a book is lost.

OVERDUE:

1. Overdue forms are written for materials after 3 days. These are sent to the home-room teachers.

PERIODICALS:

1. Check receipt of the magazine on the magazine card.
2. Stamp the front cover and the first page with the school ownership stamp.
3. Place in magazine binder.
4. Retain back issues.
5. Check the magazine card list to verify that magazines are being received. Report lack of receipt to the Supervisor.
6. When brown paper is available for reenforcing the cover of magazines, this process can be completed.

REPAIR:

1. Strengthen books with liquid adhesive.
2. Mend torn pages with library mending materials, not ordinary scotch tape.
3. Set aside books in need of rebinding or major repair.

SHELF-READING:

1. At intervals, the shelves should be read to insure that books are in proper order.
2. Strive for neat looking shelves.

SIMPLE FILING RULES FOR ELEMENTARY SCHOOL LIBRARIES

1. Arrange author, title, and subject cards in one alphabet, according to whatever work is first on the top line. This is a dictionary catalog.
2. Disregard the initial articles, "a," "an," "the." Begin filing with the word following the article. When these words appear within a title they are considered as words.
3. Arrange cards word by word, alphabetizing letter by letter, to the end of each word.
   Example: New England
   New Moon
   New times for John
   Newbery, John
4. Arrange abbreviations as if spelled in full.
   Dr. as doctor
   Mr. as mister
   Mrs. as mistress
   Mt. as mountain
   U.N. as United Nations
   U.S. as United States
5. Arrange numerals in a title as if spelled out.
6. Arrange all books by the same author alphabetically by title:
   Alcott, Louisa M.
   Jack and Jill
   Little Women
7. When the same word appears as author, subject, and title, arrange them in that order:
   Example: Birds, James (author)
   Birds (subject)
   Birds of Ohio (title)
8. When a subject has a subheading, arrange in alphabetical order by subheading then by author.

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Animals
Animals, ancient
Animals -- Care
Animals -- Stories

9. Under history the subdivisions are arranged chronologically. Subject heading precede period subdivisions.
   U.S. -- History
   U.S. -- History -- Colonial period
   U.S. -- History -- Revolution
   U.S. -- History -- Civil War

SCHOOL LIBRARY PROCEDURES

STUDENTS:

1. Are encouraged to utilize the library.
2. May borrow books for one week which may be renewed as the need arises.
3. May borrow one book at a time since the collection is small. When a book is returned another may be borrowed.
4. Should write legibly his name and homeroom number on the book card and give it to the library aide to borrow a book.
5. Kindergarten and first grade children may borrow a book. The volunteer or aide will write his name and room number on the book card, using the list provided at the circulation desk.

TEACHERS:

1. Are encouraged to utilize the library.
2. Are encouraged to arrange with the library aide for class visits or come with the class to give reading guidance and assistance. This aspect is important since we do not have professional librarians.
3. Certain books which may be used for a unit of work may be placed on overnight reserve in the school library. Notify the library aide or volunteer if such service is desired.

SUGGESTIONS FOR SERVICE TO GROUPS

"Yes, children's books keep alive a sense of nationality; but they also keep alive a sense of humanity . . . each of them is a message that goes beyond mountains and rivers, beyond seas, to the very ends of the world . . ."
Paul Hazard in Books, Children and Men.

General Library Procedure:

1. When the children come to the library, ask them to place the books being returned on the circulation desk. Ask them to do this each time. Soon it will become routine.

2. Next, they should find a seat at a table, quietly. If each volunteer or aide follows this procedure, a pattern will be established to which children will adapt easily. Youngsters are more comfortable when they know what is expected.
3. If there is confusion at times, talk with the children about the library, emphasizing that it is a place to enjoy for pleasure reading and that it is also a place to work, to use resource materials. A working atmosphere is important. To have this kind of library everyone must cooperate. Please do not "preach a sermon" or seem to be a dictator. This destroys the program and purpose of the library. Be firm, in a pleasant way.
4. Volunteers, aides, and librarians who work together in a library must do so harmoniously. If you disagree with a statement, or with an approach, or whatever it is, please discuss this when the children are not present. If we wish children to work in a friendly quiet way, we must demonstrate this ability.
5. For the K-1 groups, I would suggest placing appropriate pictures and easy books on the tables in advance of the class arrival. It is confusing for beginners using a library to be confronted with many shelves and books. Have the books ready for children to browse and choose. Ask teachers, if they do not offer, to aid the children in making selections.

Sharing Books:

1. When you share a book with the group, through reading or telling, choose a title appropriate to both boys and girls. Read it several times to familiarize yourself with the story. Read the story as it is written, to convey the beauty of the author's words and theme. Explain a word only if it is not identified well in the text. Many children will understand from the context. In showing pictures, tilt the book slightly for all to see, move the book so that the entire group sees each picture, and be sure the pictures are large enough for the group to see easily.
2. For the slightly older children and the upper grade children, it is equally important to talk about good books and what makes them good.
   a. Try a variety of approaches.
   b. Select a book with appeal to many children.
   c. Remember it is better that the characters in the story be older than the group, rather than younger.
3. Introduce the book carefully, wherever appropriate give the author and illustrator, or relate the book to a child's experience.
4. Choose an incident to read, or tell, which is exciting, interesting, unusual, imaginative, something which will stimulate interest in the title, in other works by the author, in other books of similar kind.

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5. If this is a first attempt at book talks, perhaps you should use only one book; begin simply and as your technique improves, attempt something more ambitious.
6. Do not tell the whole story, because this "spoils" the book for the reader.
7. Some groups might like to share books they have read, might like to dramatize an incident, do a character sketch, charades, keep a file of books they have enjoyed. These activities should be different from classroom activity, they should not duplicate it. Be certain that the teacher involved approves of your approach.
8. Seek out unusual stories, myths, folk tales, poetry, etc. Sometimes a folk tale, for example, can be correlated with class work or units. Work with the teacher.

THE TEACHING OF LIBRARY SKILLS

The child receives full benefit from the library program only if he becomes an independent user of its resources and is guided by a professional librarian. Many skills can best be taught by a librarian. Other skills, at this time, can be taught by aides and volunteers. Before teaching skills consult with the teacher to be certain that the skill can be utilized and practiced at this time and that it is appropriate to the children's abilities. Consult with your group leader and with the supervisor as needed.

Listed below are some skills which probably should be stressed:

1. Citizenship in the library
2. Borrowing and returning materials
3. Caring for library materials
4. Arrangement of materials in the library
5. The card catalog as an index to the library (using transparencies)
6. Encyclopedia and dictionary use, with introduction of various encyclopedias, noting their differences and likenesses. Arrange with teacher
7. Simple introduction of the Dewey Decimal system
8. On occasion special reference books might also be introduced
9. Good study habits

Do not try to compete with the classroom. The library is a resource center, an extension of classroom teaching, and an enrichment source. The library's role should be distinctive.

Work together to develop a love of books and reading, rather than competing with one another for unique ideas in any phase of the volunteer's service.

SUGGESTIONS FOR SERVICE TO INDIVIDUALS

"Puzzle the child a bit, bewilder him a bit, set him guessing, groping, force him to think and feel a little above himself."

Clifton Fadiman
"Schools and Libraries,"
Wilson Library Bulletin,
Oct. 1952.

1. Attempt to learn something about the children, individually, and about their interests.
2. When in doubt about a child, consult with the teacher who will know the child and can help you to know and understand him.
3. Encourage children to talk with you about their reading.
4. Be a good listener.
5. Encourage children to keep their own reading record, a list of books they have read, with comments.
6. Insofar as your background in children's books will permit, interest children in new avenues of reading. When in doubt, ask the teacher, group leader, or supervisor.
7. Familiarize yourself with books. It is only in this way that you can really assist children with pleasure reading and informal questions.

WAYS TO HANDLE CHILDREN AND GROUPS

1. Be natural, relaxed, and poised.
2. Maintain a sense of humor.
3. Capitalize on your own personality. Children make an effort to please those who appear attractive to them.
4. Cultivate a pleasant voice and serene manner.
5. Be considerate yourself and disturb others as little as possible.
6. Concentrate on library activity for each person or for the group as a whole rather than discipline for the infringement of good conduct, which usually results from inactivity or inappropriate activity.
7. Some disturbances are normal. Do not become excited. You are a mature person able to handle this. For instance, a disturbance at the other end of the library should not be an occasion for calling across the room to the offender. Rather, talk quietly with him or talk with him later, or in the hall. Do not make a "spectacle" of yourself or the children.
8. Analyze your successes and failures. Share them with your group leader. Others may, then, profit from your experience.
9. In every way, try to cultivate the feeling that the library is a pleasant place.

RESOURCES

PREPARATION OF DISPLAYS AND EXHIBITS

In developing displays and exhibits, those of us who are amateurs should remember that even a small display is a vital record of our library's book collection and that it reflects library service attitudes. Displays serve several purposes:

1. Stimulate interest in wider reading
2. Present outstanding books
3. Cultivate good will
4. Reflect interests of the children, the activities of the school, seasonal events, etc.
5. Correlate with units of classroom work
6. Relate to personal needs of boys and girls
7. Influence children in developing good library citizenship and efficient library skills.

Someone has said that there are 3 B's for a display:

Be dramatic
Be artistic
Be imaginative

Displays can and should be simple. Plan and edit materials carefully. Avoid complexity - not too many colors and materials, or book jackets in profusion. Have a theme. Choose a catchy caption, a display object, or center of interest which will appeal to children. Plan displays for various age and interest groups. View a display from 20 feet distance, judge the "pulling power."

A variety of materials lend themselves to display use: remnants of materials such as backdrops, mobiles, profiles, maps, corrugated paper, three dimensional objects, pipe cleaners, wallpaper remnants, and objects which children have made.

Surprise, change, and interesting details are important. Children may help plan and execute some displays. Watch for the special talents of children and of other volunteers. Strive for effective, purposeful displays and exhibits.

LIBRARY VOLUNTEER TRAINING MATERIALS

SELF-EVALUATION

PART I - THE CARD CATALOG

1. You are looking for the book Two is a Team by Jerrold Beim. Show how the top line of the author card would appear in the card catalog.

   _____

2. If you were looking for the title of this book, how would it appear on the top line of the catalog card?

   _____

3. An imaginary or made-up story would be classed as:
   Fiction _____
   Non-fiction _____

4. A biography of a person would be classed as:
   Fiction _____
   Non-fiction _____

5. The title card for a book with this title, The Grand Lady would be filed under the letter:
   T _____
   G _____

6. Which of these cards is a subject card? Assume that the three headings which follow are on the top line of three different cards:

   _____ Lightning and thunder
   Zim, Herbert Spencer
   _____ LIGHTNING
   Zim, Herbert Spencer
   _____ Lightning, John
   The Day of Justice

PART II - SHELF ARRANGEMENT

1. On the shelf fiction books are arranged in order according to:
   _____ the author
   _____ the call number

RESOURCES

2. Place a number before the class number to show the order in which these books would appear on the shelf. Use the numbers 1, 2, 3, 4, 5 to indicate which would appear first, second, third, etc.

_____ 598.2
_____ 598.1
_____ 598.23
_____ 598.01
_____ 598.13

3. The library owns several books that have identical class numbers, but different titles and authors. Which would you shelve first? Number them 1, 2, 3, to indicate which would stand first, second, third on the shelf:

573 S Scheeler, William E.
Prehistoric Man

573 P Pryor, John
The Early Days of Man

573 Nordan, Joseph
All about Prehistoric Man

4. Biography is placed on the shelf:
a. According to author
b. According to biography

5. Easy books are shelved by _____

6. Every number in the Dewey Decimal System is for one book only.
Yes _____
No _____

PART III - CIRCULATION OF MATERIALS

1. A child comes to you and says, "Do we have a book about butterflies?" How would you respond?

_____

_____

2. A child comes in at 3 o'clock to borrow an encyclopedia for home use. Would you permit him to borrow it? Yes _____ No _____.

3. Overdue notices are written on a separate slip for each child.
Yes _____ No _____.

4. A child has a book overdue. What fine would you charge ? _____

5. At the close of the day, book cards are filed in the circulation tray. Fiction books are filed by _____. Non-fiction books are filed by _____.

6. After overdue notices are written, where are the book cards filed?

_____

7. What would you do if a child returned a book with crayon marks on it? Assume that this was the first time the book had circulated.

_____

8. Place the following in the order in which you would file them in the circulation tray. Use numbers 1, 2, 3, etc.

598.2 A	Audubon, John Book of Birds	_____
E S	Schlein, Miriam Little Puppy	_____
629.2 H	Hyde, Margaret Principles of Flight	_____
920 B	Benet, Laura Famous Poets	_____
598 A	Addison Theodore Look at the Birds and Beast	_____
E S	Schlein, Miriam The Best Day	_____
R	Roberts, Timothy A Birthday Book	_____
C	Cameron, Dorothy The Greenest Tree	_____
973 B	Beard, Charles American History for Children	_____

TUTORING TIPS

Prepared by:

Los Angeles City Schools
Office of Urban Affairs
School Volunteer Program
Los Angeles, California

Tutoring is essentially an individual experience; the interrelationship of two individuals working closely together. In this relationship there is no one method, no easy answer. The most success will be found with methods which you develop yourself while working with the student. Any method which helps your tutee will be considered the best method. Tutoring tips presented here summarize suggestions which other tutors have found helpful. They are intended to serve as a guide to you in your work. They will be valuable only to the extent that you use them.

PURPOSES OF TUTORING

1. To improve the educational achievement of the student.
2. To better the student's picture of himself and to increase his life experience.
3. To widen the horizons of the student through his contact with a concerned, helpful, more experienced person.

REMEMBER: Tutoring is not teaching. Tutoring simply provides the assistance and support which a concerned parent can and often does provide. Experienced educators agree that those not trained for teaching can change a student's picture of himself and his attitude through effective tutoring.

COMMITMENT

Tutoring demands a definite commitment. Do not start unless you can be faithful throughout the program. Few things will kill a tutee's faith in his tutor and the program quicker than having a tutor who fails to appear at a scheduled session.

GENERAL TIPS

1. Relax and be yourself.
2. PERSONAL CONCERN FOR YOUR TUTEE IS YOUR GREATEST ASSET AS A TUTOR. Past experience has shown that effective tutoring is based more on rapport between tutor and tutee than upon expertise in a subject area. Tutors should work to build a relationship of mutual confidence with their tutee. Keep in mind that what you do is as much a language as what you say.

TIPS FOR THE FIRST SESSION

1. Be sure that you and your tutee have names straight. Learn nicknames, if any. It will help to write down your name and give it to your tutee. Students often are hesitant to communicate with tutors when they are uncertain of names. In addition, exchange telephone numbers for emergency communications.

RESOURCES

2. To build rapport, talk with the tutee about mutual interests and above all, listen.
3. Devote most of the first session to finding the student's learning problems. Most young people will be able to tell you their problem subjects. Once you know this, seek the cause of their problems. Some ways of doing this at the elementary level are:

   Reading: Have the tutee read aloud from a book below his grade level. If he misses more than two or three words in a hundred, the book is probably too difficult and you should find an easier book. If he misses only one or two words and can tell you what he has read, go on to a more difficult book. By having the student read aloud, you can quickly detect common problems, such as guessing words from their first letter.

   Math: Ask the tutee to show you his book and have him do some problems in the current or previous lessons. If a book is not available, ask him what work the class is doing. Then, together, make up similar problems.

4. Begin with tutoring at a level well within the grasp of the tutee. This will provide an atmosphere of success. Remember, many tutees have had little success in school and need a rewarding experience to restore their self assurance. This atmosphere will build the student's confidence, and will help establish a good working relationship between tutor and tutee. Two corollaries to this are:
   a. It is not advisable to let your tutee flounder on an answer for more than a few moments, especially in reading. Step in, tactfully, and help out.
   b. Indicate immediately whether the student's answers are right or wrong. Let him know that you are pleased by a right answer. When he is wrong, do not show your disapproval to the point where your tutee becomes discouraged.

TIPS FOR LATER SESSIONS

1. In general, the less work you do for your tutee the better. Although it is quicker, easier, and less frustrating for a tutor to do a problem or an assignment, it is of little permanent help to the student. Help him learn HOW to do his own work. A good tutor will spend most of the time ASKING QUESTIONS, LISTENING, AND HELPING THE TUTEE TO THINK FOR HIMSELF, rather than lecturing to the tutee. When you supply an answer, be sure your tutee understands how you arrived at it. If you are not sure that he does, test your tutee with a similar example. In this manner, your tutee should be able to handle what you are helping him with when he is in class.

2. Move on to more challenging material as soon as you have established a working relationship. Once you feel the tutoring is going well, don't be guilty of underexpectation. If you expect little from your tutee, he will produce little. Let him know you have high expectations for him. With this encouragement, he may come to have the same high expectations for himself.
3. Break your tutoring session into several short segments of various activities. For example, at the elementary level, you might allow 15 minutes for oral reading, five minutes for a game or other fun activity, 20 minutes for arithmetic drill, five minutes game, 15 minutes for story writing. Your tutee will get less restless if he knows in advance when the session will end.
4. To the extent possible, be creative and imaginative in your tutoring methods. Look for ways to motivate your tutee and to involve him in the activity.
5. Many of your questions about the tutee's difficulties and solutions to them may be answered by a visit with his teacher. Teachers are grateful for the work you are doing and they can be most helpful.
6. Be sensitive to the existence of emotional or psychological problems which may be affecting the performance of the young person. However, it is not the tutor's role to handle these problems. Bring them to the attention of the teacher or principal.
7. AVOID ASSUMING THE ROLE AND RESPONSIBILITIES OF THE TEACHER AND THE PARENTS, Your job is to help these people, not replace them.
8. Resist the temptation to criticize the schools as a means of identifying with the tutee. School is an important avenue of opportunity and betterment in our society. The tutor should attempt to improve his tutee's attitude toward the teachers and schools. This approach will allow the benefits of tutoring to carry over to the school. If the tutor has questions regarding the school's instructional program, its policies and procedures, it is strongly recommended that he contact either the principal or the Office of Urban Affairs.
9. Always be on time. This adds to the effectiveness of your tutoring. If you are late, the tutee may begin to doubt the sincerity of your concern for tutoring.

TIPS FOR TUTORING READING

1. If the young person has a limited background and trouble communicating, talk with him, show him new things, listen to him, let him listen to new sounds, extend his visual awareness of color, shape and texture. Wider experience means more reading readiness.
2. Use a reader different from the one your tutee uses in school. There are many high interest books available in school and public libraries.

RESOURCES

3. For free reading, select a book below your tutee's ability level. Let him choose something he is interested in.
4. Read more difficult stories to your tutee; this allows him to hear new words and good literature.
5. Do not ask a student questions on something he has read out loud. Ask questions for comprehension after silent reading.
6. Encourage the tutee to make up stories and tell them to you. Write the story down just as he tells it and let him read it back to you. Type it if your writing is illegible. If your tutee needs encouragement to tell a story, ask leading questions or begin a story and let him complete it.
7. Matching words and pictures can be used for young tutees and bilingual students.

For a more complete discussion of this topic, see "How Can I Help Children Learn to Read," Office of Urban Affairs, 1964.

TIPS FOR TUTORING ARITHMETIC

1. Use games to encourage drill.
2. Keeping charts of the tutee's individual progress may help keep up interest.
3. Involve the tutee in his work by providing sticks or buttons to work with in solving problems.
4. Try to devise practical problems for the student to solve. For example, what is the shortest route from school to home.

CAUTION:

Tutoring is a way of trying to help other people. It is not difficult, in trying to help others, to do more harm than good. People who offer help in a patronizing or condescending way easily can compound the very feelings of inadequacy they are trying to help the other person overcome.

To reduce this danger, there are several approaches in helping young people which have proven valuable in other tutoring projects.

1. One way to avoid a patronizing tone is to relate to your tutee as an equal. Do this in the sense that you and he are human beings with problems and a future to face. Think of working with your tutee, rather than talking at him. Many tutors like to think of being a friend, and the essence of friendship is the practice of truthfulness.
2. Avoid thinking of yourself, and talking to others, as the giver and the helper, or in the extreme as the saviour from the outside with the answers to all the problems of the educationally or environmentally disadvantaged.

3. Don't expect your tutee to show appreciation for your efforts before you have become a friend. One tutor destroyed whatever relationship he had developed with his tutee by repeating on two occasions, "Here I am traveling 10 miles twice each week to help you out of your difficulties and you haven't even finished your homework for me."
4. Empathy is an important quality to seek if you are tutoring. Have enough understanding of your tutee and knowledge of his background and possible cultural differences so that you accept him as he is, rather than reject him because he is not what you think he ought to be. Be willing to start at his level and take his pace if you want to make progress.
5. Be sensitive in communicating with your tutee. More than anything, this means being a careful listener.
6. Don't be quick to judge. Many of the students who are tutees have lived a life of finding themselves judged according to stereotypes of character, ability and intelligence. Avoid perpetuating this pattern.
7. Many of the characteristics which make your tutee different from you are what make him an individual. Viewed this way, his differences often appear as strengths.
8. Set the same standards of effort for your tutee as you would set for other students his age. Do not adopt the attitude, "Well, he did as well as could be expected." Avoid lowering standards out of a feeling that they are unattainable. Don't allow your tutee to just "get by."

A FINAL WORD

You are about to begin a commitment which can reward you with a high degree of accomplishment. Whatever you give to the young people you help will be worthwhile. With dedication, your contribution in time may be an immense one. Approach this commitment with seriousness of purpose and intelligence. You will get from tutoring only what you give to it.

DEVELOPING LISTENING AND SPEAKING SKILLS

Prepared by:

The School District of Philadelphia
Instructional Services
School Volunteers
Philadelphia, Pennsylvania

UNDERSTANDINGS ABOUT LISTENING

1. Hearing and listening are not synonymous. Hearing is a physical act. Children may be aware of sound, but may not be listening. When meaning is attached to sounds, andthat meaning is interpreted, the child is listening.
2. Various kinds of listening:
   a. accurate listening of the informational type.
   b. critical listening. The listener weighs, selects, reacts, agrees, or disagrees.
   c. appreciative listening which includes experiences in listening to music, poetry, or stories.
3. Listening and speaking form the cycle of communication.
4. There is a disparity between the rate of speaking and listening. A person may be able to listen at the rate of 400 to 500 words per minute, while the average rate of speaking is 100 words per minute. Thus, the listener has extra time for daydreaming, thinking of other things, or wasting time.

SOME SUGGESTIONS WHEN WORKING WITH CHILDREN

1. Get attention and endeavor to hold it.
2. Do not make a habit of repeating directions, questions, or answers.
3. KEEP YOUR VOICE AND SPEECH PLEASANT, EXPRESSIVE, AND VARIED IN PITCH, RATE, AND VOLUME.
4. Show good example by listening to the pupil.
5. Plan lessons with definite purposes for listening, just as you do other lessons.
6. Use oral activities for practice on specific listening and speech skills.
7. Use a record which demonstrates the sound of different musical instruments. Children try to identify each of the instruments.

RECORDINGS WHICH PROVIDE LISTENING EXPERIENCES:

Sounds Around Us, recorded by R.C.A., for Scott, Foresman and Company.
Listen and Learn Records for Children, available from Children's Music Center, 2858 West Pico Boulevard, Los Angeles, California.
Say and Sing, Jeri Productions, 3212 Gendale Boulevard, Los Angeles, California.

SUGGESTED ACTIVITIES IN LISTENING AND SPEAKING

"Listening"

LISTENING TO STORIES READ OR TOLD
- to enjoy story content

RESOURCES

- to anticipate the next event
- to anticipate the outcome of the story
- to retell parts of the story
- to discuss a problem presented
- to discuss:
  - interesting characters
  - interesting events
  - funny episodes

LISTENING TO POEMS READ OR RECITED
- for rhyming and other sound words (whizz, drip, bang, etc.)
- for the beauty of language
- for descriptive words or phrases

LISTENING TO EXPLANATIONS
- how to do
- how to make

LISTENING TO DIRECTIONS

LISTENING TO SOUNDS IN WORDS
- initial and final consonants
- initial and final blends
- medial sounds
- vowels short and long
- digraphs -- two letters having only one sound (ch, sh, ae, ow)

LISTENING TO THE NUMBER OF SYLLABLES IN WORDS

LISTENING TO ACCENT (SYLLABLE STRESS) IN WORDS

LISTENING FOR INFORMATION FROM TALKS, REPORTS, OR PROGRAMS ON TELEVISION AND RADIO
- main ideas
- supporting details

* pupils should respond orally in the beginning, then learn to make written notes.

LISTENING FOR CLUES FOR ANSWERS TO RIDDLES

LISTENING TO IDENTIFY BOOK CHARACTERS

"Speaking"

DICTATING GROUP STORY OR POEM

SETTING STANDARDS FOR
- speaking to audience
- oral reading
- good listeners
- conduct on trips, etc.

SHARING STORIES
- oral reading
- telling and/or retelling stories

SHARING POETRY
- oral reading
- reciting favorites (in whole or parts)
- choral speaking

RELATING PERSONAL EXPERIENCES
- trip
- birthday party
- visit
- funny or exciting incident
- hobby, etc.

EXPLAINING
- how to make something
- how to do something
- how to solve a problem

CONVERSING ON THE TELEPHONE
- social conversation
- business conversation

DISCUSSING
- topic
- problem
- project
- interesting book read
- television program, etc.

EVALUATING TALKS OR REPORTS
- commenting on presentation
- giving helpful criticism
- adding information

QUESTIONING
- speaker
- guide on trips

RESOURCES

DESCRIBING
- pictures
-objects
-people
-sounds
-inner feelings

ACTIVITIES FOR LEARNING SOUNDS AND LETTERS

The activities suggested herein are useful for helping children learn the letters of the alphabet and the sounds which the letters represent. The games provide practice in using sounds which will strengthen the readers' ability to work out new words independently. Learning is accomplished in an informal and enjoyable situation.

LEARNING SOUNDS

Learn a Sound Game Box

(A shoe box or other similar type box may be used for this activity.)

1. Make a collection of objects which contain the same sound at the beginning or at the end.
2. Say the name of each object as child listens.
3. Have child repeat the name of each object after you. Ask child to listen to the sound and where it is heard in the word.
4. Mix in objects which do not belong. Have child select those objects which belong to the group.

Using Pictures

1. Collect pictures beginning or ending with the sound to be learned.
2. Show pictures to child, naming each one. Have the child:
   listen to the sound.
   watch your lips to get help in making the sound.
   repeat the word after you, listening for the sound.
3. Ask child to name pictures which you show. Put in some which do not begin or end with the sound being taught.
4. Have child select the ones which belong together.

Note: Later, a harder step is to have the child select pictures which do not belong.

Listening to Sounds in Words

1. Have pupil listen to groups of words you say and tell which words begin or end with the same sound.
   Example: tub, table, chair, television
   six, cat, candy, cookie
   mail, paint, milk, map

2. When the pupil is able to respond correctly, then have the child tell which word does not begin or end with that sound.
3. Read a sentence or poem containing words beginning with the same sound. Ask child to say all the words he hears which have the same beginning sound.

   Example: Jack and Jill went up the hill.
   Bill bat the big ball.
   Mary may move to Maine in March.

Remembering Sounds in Words

1. Have pupil tell words he knows or has heard which begin or end with the sound being taught. List the words as they are dictated. Read each word and have the child repeat it, listening for the sound in the correct position.

Guessing Riddles

1. Have the child think of words having the sound being taught and which will answer the riddle.

   Example: I'm thinking of:
   something dogs like to chew that begins with the same sound as ball.
   Answer: bone
   something to put on bread that begins with the same sound as jump.
   Answer: jelly
   something to use on your hair that begins with the same sound as ride.
   Answer: ribbon
   something to drink from that begins with the same sound as glove.
   Answer: glass
   the name of a state that begins with the same sound as flag.
   Answer: Florida
   the name of a meal that begins with the same sound as brown.
   Answer: breakfast
   something for water travel that begins with the same sound as show.
   Answer: ship
   how you feel when you need water; it begins with the same sound as thumb.
   Answer: thirsty

Scrapbook of Sounds

1. Have the child collect pictures of things beginning or ending with the

sound being learned. Write the capital and small letters which represent the sound at the top of the page. Write the name of each picture beside or under the picture which is pasted on the page.

As pages are completed, they may be put together to make a scrapbook.

Using Sounds

Adding sounds to known words:
List words the children can read. The sound being learned may be added to each familiar word to make a new word.

Example; Add b to us, it, and, at, all, eat, to make:

bus	bat
bit	ball
band	beat

Words may be written on the blackboard, on paper, or on 3"x5" cards.

Substituting sounds:
List words the child knows. Help him take off the first sound and put in the sound being learned, thus making a new word.

Example:		
	make	bake
	hill	bill
	cat	bat

Using Sound and context clues:

Example: My mother baked a c ____ for my birthday.
John went fishing in the str__m.

Using sound and meaning:
to complete sentences.

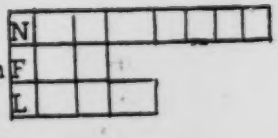
Up and d_____ went the see-saw.

to complete rhymes.

Oh what fun
To play in the s ___.

to fill in a puzzle.

Example: a fall month
the opposite of thin
a body of water



Sound Games

Travel:
I'm going to Boston. With me I shall take a bag. What other things

can I put in my bag that begin with the same sound as Boston?
The child names other things.
Example: belt, ball, book

Note: Other sounds may be substituted so that the game can be adjusted to the child's needs.

Sound Dominoes:
Pictures beginning or ending with the same sound (consonants, blends, digraphs) or having the same vowel sound may be put together in the same way as the Domino game is played.

Sound off:
Played like bingo, each player puts a marker on the letter or letters representing the sounds heard in words called to the group. A row of sounds filled in any direction is a winning card.

Tune in:
Each player tries to get pairs or sets of four picture cards beginning or ending with the same sound by drawing cards from the hand of the player to the left. When cards are matched by sounds in pairs or sets of four, the player must say the names of the pictures as they are placed on the table. The player with the most sets of four is the winner.

ALPHABET GAMES

Match Them

Cards with pictures or letters on them may be used to play a card game in the same way as "Old Maids." The object of the game is to find cards which are the same (match).

Fours

Cards with pictures or letters may be used as in the game, Match Them. The object of the game is to get a set of four cards with the same letter or picture.

Find the Letter

Cards or blocks with letters are scrambled and tossed on the table. The child is asked to point out or pick up specific letters.

RESOURCES

Letto

As letters are named, the child looks on his card to find it and places a marker (button, stone, etc.) on it. When all letters in one row have been covered, the game is won. The game may be played with capital letter or small letter cards.

Go Together Letto

As capital letters are named and shown, children look for a small letter that is the same and place a marker on it. The game is won when all letters in one row have been covered.

Letter Dominoes

Played like dominoes, letters which are the same are placed together. The game may be played with small or capital letters.

Trace and Write

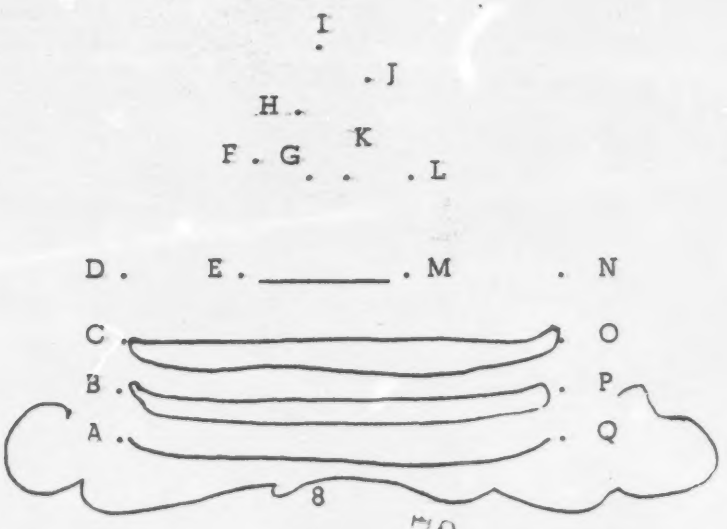
Name the letter being learned and show it to the child. Show how it is traced. The letter should be traced several times with the fingers. The child then names and writes the letter on chalkboard or slate. After a number of times for practice, the child may name and write the letter on unlined paper when he feels he is able.

Note: Letters for tracing may be made of felt, flannel, or sandpaper pasted on lightweight cardboard.

For extra practice, letters may be traced in a box of sand or salt. Clay may be used to form letters.

Using Letter Sequence

Dots next to letters of the alphabet should be connected in sequence.



NURSING HOMES

OREGON'S BASIC ORIENTATION TRAINING COURSE

FOR

VOLUNTEERS SERVING THE AGED

IN

NURSING HOMES AND HOMES FOR THE AGED

OREGON STATE BOARD OF HEALTH
COORDINATING COMMITTEE FOR VOLUNTEER SERVICES

PREFACE

Volunteer service in nursing homes and homes for the aged is citizen participation to help cover the unmet social and emotional needs of residents through providing social and recreational activities that will make life happier and more meaningful. Responsibility for planning this course rests with the community and the homes.

Outlined here is a suggested basic orientation training course for volunteers serving the older person. This is to help volunteers, communities, organizations, groups, nursing homes and homes for the aged in their establishment of constructive and effective volunteer programs. As citizens in our communities develop more awareness of this broad and deep need and accept the responsibility for sharing in improving the social and emotional well being of our senior citizens in such locations, this course should serve a most useful purpose.

It is hoped the recognition by the volunteers, and their sponsoring groups, of the need for always seeking and acquiring orientation and training, will be matched by the recognition by the homes of their responsibility to help volunteers gain and make use of training.

The Oregon State Board of Health
and
The Coordinating Committee of Volunteer
Services for the Aged in Nursing Homes
and Homes for the Aged

OREGON'S BASIC ORIENTATION TRAINING COURSE

FOR

VOLUNTEERS SERVING THE AGED

IN

NURSING HOMES AND HOMES FOR THE AGED

A COOPERATIVE PROJECT

* * * * * * * *

Oregon State Board of Health

State Coordinating Committee for Volunteer Services

Serving the Aged

August 1, 1964

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II. PLANNING THE COURSE

WHY COURSE IS NEEDED

Volunteer workers constitute an almost untapped resource for companionship and service to the aged in these homes. Preparation is necessar y to enable one to do his best at any job, and to be oriented to the task ahead. The purpose of the course is to aid the volunteer in making the life of the senior citizen more satisfying and in bolstering in general his outlook. Also, to help the volunteer to better understand the characteristics of the aged and how to work effectively with them.

THE HELP THE COURSE OFFERS THE VOLUNTEER

Orientation for the volunteer really begins with recruitment and continues through the period of service. While orientation may be achieved in a number of ways, a formal course has certain definite values, particularly when there is opportunity for discussion. In general, this orientation course gives, in an orderly way, helpful and necessary information which has a direct bearing on the volunteer's success and that of the volunteer program. It is really a tool which helps the volunteer to enter her new role with assurance, and to feel at home on the job. She finds out why her contribution is so needed at this time. Also, she learns the benefits such services can bring to her, and her value as a connecting link between the homes and her community. Not only will this course assist her to understand the aged, but also to be prepared for the responses she is likely to meet and how to deal with them. It acquaints her with the home, her position in it and relation to staff, administration and the residents. Her ethical responsibilities are explained, as well as the responsibility of the home for volunteer services. This orientation helps her to recognize that her role is never to be a substitute nurse, an aide, lawyer or social worker, but an interested friend from the community, who cares. She is someone who gives of herself. She has personal interest and concern for the resident, and offers warmth, understanding and skill and her friendship -- a gift without price.

FURTHER ORIENTATION AND TRAINING

Further orientation and special training after assignment can be covered through such training methods as institutes, informal small discussion groups, periodic meeting of all volunteers, workshops, individual conferences, and field trips to observe operations elsewhere. These will vary with local conditions and programs. Periodically, after a probationary period, they should receive additional help in planned sessions, with administration of the home being present. It should always be remembered that supervision on the job is training.

RESOURCES

Training for particular jobs will depend upon the nature of the service needed and the experience, ability and interest of the volunteers. As previously stated, this would particularly apply to recreational crafts, certain recreational activities, etc., and generally takes place after assignment.

When there are not enough volunteers to conduct an orientation class, individual orientation training should be given. It is helpful to have an experienced and well trained volunteer accompany a new volunteer to help her in her beginning activities.

HOURS OF THE COURSE

The following orientation course consists of eight hours of preparation covering four areas. It is preferably divided into two day sessions of four hours each. These hours can also be staggered into sessionsof two hours each, covering one area at each time, if this is more feasible for the group. The time of the sessions may be morning, afternoon or evening, according to the people to be served. It should be remembered the orientation program can be overwhelming if too much is attempted in one session, for only so much can be digested at one time.

COURSE METHOD

Methods of conducting the course may vary. The following procedures are recommended:

1. Class lecture instruction by qualified leaders for each subject. Each area generally covers one and one-half hours.
2. Discussion. Time should be allowed for discussion, which generally covers one-half hour at the close of each area session.
3. Field trip to one home. Preferably this should be the home where the volunteer is to be assigned. In this way she not only observes the activities of the home, but also at this time can be oriented to the home where she will be assigned.

   (Tools useful in training are selected reading material, printed instructions, visual aids, panel discussion, socio-drama, case illustrations, handbooks and manuals, and related lectures.)

FACULTY RESOURCES

Each subject of the course should be covered by a competent person in the community, with resources drawn from such groups as: physicians, professional social workers, public health nurses and members of nearby health, welfare and social agencies, universities, colleges, directors of volunteers

in hospitals and communities, and administrators of the homes. Outlines of this course should be shared with them to assist them with the plan of coverage.

It is well to include for discussion purpose beyond the home administrators, their director of nurses, the person who will supervise the volunteers in the home, and medical representatives. In fact, the more staff of the home that can be brought into this basic orientation, the better will be the understanding and acceptance of volunteer services.

ADDITIONAL MISCELLANEOUS PLANS

The presentation should be conducted as informally as possible, with the language non-technical. The course is often given in a school, board room of an organization, church parlor, organization hall, etc., with its location convenient to transportation. Semicircular seating at tables, if possible, appears to promote informality and more group discussion. Time should be allowed for a relaxation break if the course is over two hours.

III. THE PROGRAM

This suggested program serves as a guide in covering the areas that have been found helpful in establishing satisfactory volunteer services in this setting. It is recommended this be used with variations to fit local situations. Although it may vary in its contents and methods of presentation, basically it should include the following: What Is A Volunteer Program -- It's Contribution and Services; An Understanding of the Older Person and His Problems, Including His Social and Emotional Needs; How the Volunteer Does Her Job and Works Effectively in These Care Homes (Do's and Don'ts); A Tour, Orientation and Induction to Care Homes Including Home's Responsibility about Volunteer Services. Someplace the course should stress that services are never offered those under active medical care without the physician's approval.

The following general content is suggested for the orientation program:

FIRST AREA

THE CHALLENGE OF A VOLUNTEER PROGRAM IN NURSING HOMES AND HOMES FOR THE AGED

A. Why Volunteer Services Are Needed
B. Certain Facts About Volunteer Programs
   1. Differs from Volunteer Services in General Hospitals
   2. A Volunteer Program for the Aged in Care Homes and It's Goals
   3. Volunteers and Their Qualifications
   4. Volunteer Services Are Based on Certain Accepted Principles and Practices

RESOURCES

(Recruitment, Selection, Training and Orientation, Placement, Suspension, Evaluation and Recognition)

C. The Four-Fold Contribution of the Trained Volunteer

D. Appropriate Volunteer Activities
(Supplementing the talk, there can be a movie which shows what volunteers can do for lonely old people and slides of volunteer activities.) *

SECOND AREA

UNDERSTANDING THE AGED RESIDENT

A. The Objectives of This Information

B. Understanding the Problems and Needs of the Aged from a Physical Viewpoint

C. Understanding the Aged from a Social and Emotional Viewpoint

D. Summarization
1. The Resident's Needs
2. The Volunteer's Help

E. Community Services
(Optional in larger communities; volunteer services supplement services of other agencies)

THIRD AREA

HOW THE VOLUNTEER DOES HER JOB TO MAKE HER SERVICES EFFECTIVE

A. Accepted Responsibilities Expected of the Volunteer

B. General Rules and Ethics of Personal Conduct to be Observed by the Volunteer
1. Reminders
Some Do's
Some Don'ts

C. Some Additional Aides in Carrying Out the Job, In Relation To
1. A Documentation of an Effective Volunteer service by Someone from a Home Where It Is Already Established
2. Some Illustrations of Do's and Don'ts of Volunteer Service
(Some socio-drama could be used, or one of the short plays from "Friendly Visiting Sketches," published by the Canadian Red Cross, Ontario Division)
3. Developing a Program
4. Carrying Out the First Visit
5. Establishing an Effective Relationship with Residents
6. Motivating Residents

FOURTH AREA

* Secured from Oregon State Board of Health.

ORIENTATION OF THE VOLUNTEER TO THE HOME: AND TOUR OF THE HOME

A. Some General Facts
B. Welcome and Appreciation of the Volunteer; History of the Home
   1. Welcome
   2. Limitations in Volunteer Activities
   3. History and Background Information Concerning the Home
C. Supervision Offered and Relationships Involved
D. Guidelines for Volunteers In the Home
E. Tour of the Home
F. Assignment

FIRST AREA

THE CHALLENGE OF A VOLUNTEER PROGRAM IN NURSING HOMES AND HOMES FOR THE AGED

A. Why Volunteer Services Are Needed
   1. Through the help of medical science and modern health measures, an increasing number of people are living longer--until the late 60's, 70's, 80's and beyond.
   2. Increased years have been achieved out of proportion to the availability of services to care for them. A great deal of experience, varied talents and leisure time are assets the community has not as yet learned to use.
   3. There is really a lag in our culture and as yet our communities are unprepared to give the dynamic and creative social welfare services needed by some of these older people so they can remain longer in their homes. The following needed services are spotty, fragmentary, or not at all: At-home health care, visiting nurse service, volunteer service, meal-on-wheels, homemaker service, foster homes, shopping and counselling help and other social services.
   4. Individuals, too, are unprepared to meet the realities of their old age, as many have thought hobbies and recreation not necessary.
   5. Because a large number of senior citizens then have a need for a special kind of living arrangements, nursing homes and homes for the aged have grown in number. This has been due partly to:
      (a) Lack of space for the aged in homes of relatives, and a decreased need for their services in these modern homes and living patterns of their children.
      (b) In many instances, there is a lack of family to care for them, as they have outlived other members of their family, or they now live great distances from them.
   6. Limited facilities and services are also found in nursing homes and homes for the aged. They have to date offered medical, nursing care and a protective environment, but social and recreational programs are also needed there as "physical care is not enough at any stage of life". This increased interest and realization that this

resident should have his added years made more meaningful and useful is being influenced by a change in traditional attitudes. In our youth-oriented culture, aging has often seemed like ending. There is an increasing realization:

(a) More attention should be given to problems of adjustment of the elderly to their new role in these homes and of the adjustment of the community to the elderly there as well.

(b) Long-term patients there are not necessarily incurable or hopeless or custodial.

(c) The elderly must not be put to one side to only subsist, nor should they be treated with condescension and over-protection, thinking of them as "the dear old souls".

7. The need for additional services in these homes is also influenced by the opinion of groups, such as

(a) Modern medicine which is stressing a new approach to health problems for this group.

1. They no longer accept long-term patients as being incurable, or hopeless, or custodial, but stress a positive individual program of prevention and rehabilitation, and the using of all the resources of the community that are available.
2. For the acceleration of convalescent care they support the idea these older people need to help themselves as much as possible, stay as independent as they can through self-help and rehabilitation sources.

(b) Care Homes are changing their image. They increasingly believe:

1. They should also offer services which create an atmosphere which helps an individual to live his own life to the fullest extent possible. In other words, these homes must be social as well as medical institutions, offering a good social environment and a well-rounded home life. They should offer more than "bed and board and not bed and bored".
2. They should put the individual first, emphasizing services and care.
3. They no longer are just custodial homes where the resident spends his last years waiting. They should emphasize rehabilitation and the restoring to whatever extent possible individual independence, identity and self-respect. The giving of attention to his emotional well being will cause them to have need to consider:
   (a) His living in the home as much as possible as a participating member of the community;
   (b) As an individual having certain needs and rights which are the same for every person regardless of

his age. These are the need for personal security (food, clothing and shelter) and for work, play, love and worship. He has the right to be recognized as a distinct individual and as a person of worth; to express his feelings and to make his own choices and decisions.

8. This additional responsibility of these homes for the total well being of the resident requires acceptance of the trained volunteer as a help-mate. These homes find it difficult to provide such help through paid services because of:
   (a) Lack of trained professional people such as social workers, therapists, nurses and other specialists.
   (b) Present nursing home personnel cannot take on added duties.
9. Volunteers giving services out of friendship and genuine concern for this older person contribute much to the relationship with the person being served, which adds to the ultimate effectiveness and success of this program.

B. Certain Facts about Volunteer Programs
   1. Volunteer service in these homes differs from volunteer service in a general hospital in that:
      (a) The work is principally with older people.
      (b) The volunteer's contribution is so needed by most of the residents.
   2. What is a Volunteer Program for the Aged in Care Homes?
      It is an organized plan of providing a continuing and coordinated program of social and recreational activities through the discriminating use of volunteers and community resources.
   3. What is its Goal?
      Its goal is to provide satisfying and constructive activities:
      (a) To enrich the lives of the elderly, adding zest to their living through the friendship, interest, and services of someone who cares.
      (b) To prevent further physical and mental deterioration.
   4. Volunteers and Their Qualifications
      They are described as:
      (a) "America's amazing men and women" -- men, women, teenagers, the professional, the layman, school teachers, housewives, shopkeepers, etc.
      (b) People interested in what goes on around them.
      (c) People concerned about the lack of social and recreational programs for older people in these homes.
      (d) Public spirited citizens willing to serve without pay.
      (e) People who have a sincere interest in the work to be done, and are willing to accept guidance and training, and to give the necessary time and thought to do the right kind of job.

(f) People who are dependable, stable, have a certain amount of maturity, cheerfulness and a sensitivity for others. Also, they genuinely like older people.

5. Volunteer Services Are Based on Certain Accepted Principles * and Practices.

Volunteer work is not something which is done in a few odd hours when there is nothing more exciting to do. To be successful, it must be based on certain accepted basic principles and standards of practice. The length of service, type of job to be done, and the number of volunteers can influence the exact manner and intensity with which a program of good practice is carried out.

It's practice generally includes the following:

(a) Recruitment and Screening,
(b) Orientation and Training,
(c) Placement,
(d) Supervision and Guidance,
(e) Evaluation,
(f) Recognition.

C. The Four-Fold Contribution of the Trained Volunteer

Volunteer services help:

1. Residents -------- To attain a maximum degree of happiness and satisfaction and a better adjustment to their present situation; to satisfy emotional needs; to restore his sense of dignity and self worth; to improve his physical and mental health; and to retard deterioration of his capacities. Volunteer service demonstrates that others do care, assuring him he is still a member of the community.
2. Homes -------- To enrich their programs, as it is a supplemental service to what staff can give; to strengthen their ties with the community.
3. Communities --- To better understand the programs of these homes, their services and their needs as a community resource. Volunteers become another community resource to which interested people can refer residents for certain needed volunteer services.
4. The Volunteer Herself ------ To acquire new skills, competencies and knowledge about the aged; to broaden her horizons and interests; to make new friends; and to feel she is a contributing member of her community.

D. Appropriate Activities

Activities are based on residents' needs and interests. Services will

* See "Oregon's Handbook for Volunteers Serving the Aged," page 7.

vary, based on these needs and whether they are bed-bound, semi-ambulatory or ambulatory, and physically and mentally able. It is essential to know something about the residents, their skills and interests, and whether they are friendless, lonesome, incapable of doing things for themselves, etc. This information is made available by the person in charge of the volunteers in the home.

The variety of volunteer services that can be offered these homes challenges the imagination and creative ability of the volunteer. This variety requires people of different training, interests, experiences and abilities.

Much emphasis should be placed on planning activities so they are centered around "doing with" and not "for," with the patient and staff participating in the planning. Residents are "worked with" not only to help them use their energies and create self-confidence and promote self-expression, but also, as much as seems feasible, to encourage them to help other residents.

The recreational activities need not be elaborate. In fact, the simple and least complicated may have the most appeal.

The following factors may have some bearing on the services offered:
1. Is there a room where craft might take place, or a reception room or hallway large enough for a program?
2. Is there a place where residents can visit alone quietly?
3. Is there a piano and someone who can play it?

A comprehensive program falls under four headings and includes:

1. Friendly Visiting

   A friendly visitor is a special kind of visitor who brings friendship and a breath of the outside world to the resident. A continuing one-to-one relationship helps the older person feel he is not isolated and has not been forgotten. The volunteer might:

   Chat of everyday affairs; talk about people and places
   Listen to and show respect for stories repeated again and again; swap yarns
   Admire and give importance to personal possessions
   Read aloud from favorite books, home paper
   Plan small surprises
   Encourage hobbies
   Remember anniversaries, birthdays, and holidays with a card phone call, perhaps a birthday cake
   Share fun in games, such as jig-saw puzzles, checkers
   Encourage him to make friends with other residents
   Mend, fix hems, sew on buttons

Bring attention to grooming and appearance, such as fixing hair, manicure
Provide transportation to church, doctor
Take for walks, with approval of staff (up and down corridor or outside)
Shop (with approval of administrator).

2. Recreational crafts

Crafts are a valuable tool for work with the older resident. Not only can this mean many interesting, busy hours, but also can bring a feeling of accomplishment and the making of products to share with others. You need not be an expert craftsman to teach crafts, but it is essential that you know the fundamentals well enough to be an effective teacher, and also that you do not discourage the residents with a poor presentation. Since it may be difficult to sell their products, various uses can generally be discovered for them. This might be as gifts, personal adornments, decoration for rooms, and special occasions, exhibits, hobby shows, county fairs, bazaars and annual sales at the homes.

Such crafts could be:

Basketry	Jewelry Making	Sewing & Embroidery
Clay Modeling	Knitting	Toy Making
Crocheting	Leather Work	Weaving
Decorations for Parties	Painting & Drawing	Woodworking
Flower Making		Quilting
Fly Tying	Rug Making	Corsage Making

3. Group Activities

Getting people together in groups enhances social functioning, helps to develop friendships, common interests, and various kinds of pursuits. Often it satisfies the basic need to belong and to be felt a person of dignity and worth. Many times it builds up confidence and pride in personal appearance. Group volunteers may serve on an occasional basis, often acting as hosts and hostesses for parties and dances. It may not be necessary for them to participate in the screening and training course, although they should know something about the home and the type of patients there.

(a) General Activities for the Residents

These might include:

Armchair travel; amateur night
Charm class, dance class, drama
Flower arranging
Games -- quiet games such as scrabble, card games; active games such as croquet, shuffle board
Guest speakers, special classes, workshops
Literature; discussion groups; readings of one's own poems or creative writing; newspaper

Music of all kinds -- choral, rhythm bands, hi-fi concerts and music appreciation
Motion pictures; films and slides
Parties, big and little; parties for special occasions; outings; picnics.

(b) Activities of Residents which Benefit Someone Else

This might cover such things as:
Dressing dolls, making toys for Toy and Joy Makers; scrapbooks
Making cancer dressings; stuffing envelopes for service organizations
Adoption of a needy family -- this might include making of clothes, having birthday party, renovation of toys.

4. Indirect Service

If direct service with residents is not desired or the volunteer does not feel suited to work with the aged, or cannot come at regular times, he might:
Make posters, favors, programs, place cards
Collect magazines and materials for crafts
Provide welcome treats for an afternoon tea
Carry on various activities such as help with recruitment, public relations, etc.

(A movie presentation "This Is My Friend" (29 minutes) can also be used, which shows what a volunteer can do for lonely old people. Slides of volunteer activities can also supplement the talk.) *

* Secured from Oregon State Board of Health

SECOND AREA

UNDERSTANDING THE AGED FROM A PHYSICAL, SOCIAL, AND EMOTIONAL VIEWPOINT

(It is believed "the greatest contribution will be made by those volunteers who have a thorough understanding of the needs and characteristics of the aging and aged people with whom they are working.")

A. The Objective of This Information Is to Help the Volunteer:
1. To acquire further insight and knowledge about the physical, social, and emotional aspects of aging and the aged.
2. To develop through this a better understanding of the resident's behavior which will make it easier for the volunteer to set up a meaningful relationship with the elderly, be better able to reach him and draw him into activities available and suitable for him.
3. To call to mind that it is difficult to separate the physical and the emotional, for they are closely inter-related, with the emotional

affecting the physical and the physical the emotional. The chronically ill patient is a close admixture of disease and personality.

4. To accept the fact that senility is an often social diagnosis, and the way people live, behave, function, and perceive themselves socially will interact favorably or unfavorably upon their health.
5. To consider each person as a distinct individual, with some having more problems to face and overcome than others.
6. To better realize why older people need activity, interests, and "someone who cares," or "friendship and activity with understanding." If they sit and do nothing but "rock," they can "rock" themselves into the "end of the road," and slowly deteriorate physically and mentally.
7. To know that physical and emotional well-being is not the absence of ill health, but the learning to live with handicaps and life circumstances.
8. To better see that specific human needs must be taken into account for the creation of an effective atmosphere for positive and stimulating relationships.

B. Understanding the Problems and Needs of the Aged
by Dr. Edward E. Rosenbaum *

1. Need to Understand Exactly What Aging Is
   (a) Some General Facts
      1. Begins at point of conception, or birth.
      2. Body then goes thru constant process of tearing down and building up until time of full growth and maturity, or 18 to 21 years of age. Up to then, the building up process is greater than tearing down process and then is probably reversed.
      3. Hard to say when old age occurs, as it varies from individual to individual, with some old at 50; others young at ninety.
         (a) Reason for this is unknown, but probably related to a person's heredity and the stresses and strains, various infectious diseases and possibly types of food and habits followed in his life.
      4. We should not feel sixty-five is necessarily old age, with a person young at 65 and 364 days later considered an old man.
         (a) This is a political and not a medical decision which was influenced by: Bismark believing in a strong central government and having devised a social security system with few people living to 65 to pay tax to their system of city states.
2. What Are Some of the Emotional, Social and Physical Problems at

* Physician in Private Practice, Portland, Oregon.

the Time of Retirement and Old Age?

(a) Younger people should realize the older person is a human being like themselves, who has same feelings (laughs, loves, worries, sings, etc.) Often do not realize this and that they can take tragedies very well.

(b) We need to better recognize that older people, to be happy, have to have not only security, but also self-respect of fellows and stimulation of fellow-man.

1. As an employed person, they feel they are contributing, but as an unemployed they feel useless, unneeded and gradually desires and needs lessen, which finally relates to desire and need to live.

(c) Economics is another problem and too much unfilled leisure time.

1. Suddenly a person has leisure and knowledge and ability to enjoy many things but finds his income reduced.
2. Lacks stimulation of everyday living which keeps us happy, alert and physically well.
3. Women and men may no longer feel they have a mission in life and something to live for.
   (a) For women, children are grown and no longer need to be sent to school, nor is there the husband's lunch to prepare, etc.
   (b) With man, he is underfoot and around all the time which creates problems if he has devoted all his life to stresses and strains in game of business and now has no hobbies and nothing to do. It is interesting that a laborer, who has not been engaged in physical activity finds retirement easier than this businessman who has been engaged in mental activity and has no hobbies, etc.
   (c) Housework and maintenance of a home helps women and for that reason they probably do not really retire suddenly.
   (d) All this means people should prepare for retirement.

3. Some physical problems

(a) Abnormal and pathogenical changes may occur due to actual physical damage from:

1. Malnutrition
   (a) In older person, appetite decreases and food needs are less and with economic stresses, he attempts to save money.
   (b) In this way, he may even reduce some essential vitamins and minerals in diet which, if continued over a long period of time, can produce mental changes.
   (c) This person often brightens with happy environment and proper diet.

2. Plugging or narrowing of arteries going to brain often causes mental change with gradually ensuing irritability, cantankerous disposition, etc.
   (a) An example of this was in a recent book about President Wilson's last years when it reported he began worrying about little things like lights burning, etc., which doctors state was early signs of a stroke.
   (b) Hard to detect, but memory of recent as well as past events shows signs of brain damage.

4. Diseases in older people
   (a) Some General Facts
      1. Older people have same diseases as younger, but disease may act a little differently in senior citizen, who now lives longer.
      2. With penicillin and antibiotics, pneumonia, an often killer before World War II, has almost disappeared from the face of the earth.
      3. Where at turn of century, life expectancy was 40 to 45 years, now it is late 60's or early 70's. New diseases, then, appear because people are living long enough so can acquire them.
   (b) Heart trouble and hardening of arteries and cancer are great killers and plague of older citizen; and anyone who lives long enough will most likely acquire one of these.
      1. We have various theories as to cause of diseases which may be virus, diet, stress and strain, but not really certain; nor do we know how to prevent them, but only how to slow them down and delay death.
   (c) Diabetes 40 years ago was the terrible disease cancer is today, but insulin in the early 20's given by needle, first 3 times a day and after improvement once a day, was adequate for normal life. Today the older person can use oral insulin effectively.
   (d) Obesity and overweight can be serious as it lessens life and is probably the most serious disease in America today.
      1. As older people need fewer calories, but food intake remains the same, this presents problem.
      2. With nothing to do, they eat as part of their leisure and recreation.
      3. Difficult to get older person to lose weight and this should be accepted as part of the process of aging. Prevention of weight gain in very beginning would be best.
   (e) Arthritis and rheumatism
      1. Probably most common disease that senior citizen has is arthritis. In older person, their arthritis, which is different than that of younger person, is due to wear and tear.

(a) Two bones meet to form a joint, covered by cartilage which is a smooth surface and allows joint to move freely and easily. With age, cartilage begins to wear out (much like ball bearings in an automobile). Primarily this is in hands, hips, knees and back. There will be considerable aching and pain, but it never goes to serious disability and crippling.

(b) Often pain can be controlled by limiting time on feet and application of heat and a little aspirin.

(c) If serious, needs medical attention and injections of cortisome into joint and if stronger pains, then anti-inflammatory medication by mouth.

5. Drugs for older people

(a) No safe drug for everyone and any drug, and even aspirin, may be harmful for some persons.

(b) Some may show increased sensitivity or overaction to some drugs compared to younger people.

(c) They need less sleep but with more leisure would like to sleep more and may fall into habit of taking sleeping tablets which may produce undesirable effect of:

1. Making them confused and then given more so won't be problem to nursing home.
2. Making them mildly addicting and gradually needing more and then there is remote possibility of accidental suicide.
3. May have undesirable side effects, such as penicillin which for some, produces severe allergic reactions or tranquilizers such as Equinal or Miltown, or even phenobarbital, which may produce itching or rash.
4. Someone should be in control of persons taking medicine and occasionally it might be wise to stop all to see if they are causing any undesirable effects. Lay persons themselves should never stop all medication as such might be dangerous as with withdrawal of digitalis or insulin with diabetes.

6. What is normal life expectancy

(a) Probably in the time of our children's life, it will be 100.

(b) Are now developing use of artificial organs, such as artificial kidney, synthetic plastic blood vessel to replace clogged blood vessel, plastic heart valves, and in time possibly artificial eyes and ears.

(c) Problem is how far should the attempt be to keep a person alive. For example: If a person has a stroke and will never regain consciousness, is it justifiable to maintain a living vegetable through putting in artificial kidney or lungs or possibly heart?

(d) From a theological and philosophical standpoint, no human being has right to give drug to end life and question is:
1. Do we have right to prolong life when life may be entirely meaningless and a vegetable existence?
2. Also, if person is dying, does one have right to reject those artificial aids?

(Such questions will be seriously debated by physicians and others as people have contact with older persons.)

7. Summary
(a) In dealing with older people, we must remember this is destiny of all men, including ourselves and that:
1. Older person is a human being with same physical and emotional needs we all have.
2. He strongly needs to feel needed, loved and useful.
3. He needs contact with world and reality.
4. He needs a job, a feeling he has something to do and some reason to get up in the morning.

(b) If you can convey these thoughts and feelings to senior citizens you will have done a great deal to make their lives more pleasant and you will have earned your reward when your time comes.

C. Understanding the Aged from an Emotional and Social Viewpoint
1. Needs and Characteristics of the Aged
Understanding an individual involves knowing him not as a catagory or type, but as a person. Each senior citizen is a product of his heredity, environment and life experiences. Because of this, he will have varied needs, reactions, and behavior that will be entirely his own.

(a) Basic Human Needs
Some older people have been able to adjust rather well. However, for many, old age is a time of unusual stress and change, with needs common to us all not always satisfied. Their needs beyond physical security (bed, board and clothing), are the need to:
1. Love and be loved, and have some feeling of belonging.
2. Feel approval, acceptance, and esteem.
3. Have something to look forward to or new experiences.
4. Work or feel useful, and have something which lends purpose and direction to living, and makesit seem worthwhile.

(b) Changes and Forces Influencing Human Needs
Basic needs of the aged are as strong as ever. Because of changes and social forces related to our culture and our times, these basic needs are not always met. Adjustment to these changes in later years becomes difficult for most of them. One by one the props of individual security are removed and the sources of personal satisfaction and independence evaporate. Such changes and forces might be:

1. Loss of work and no substitute found.
2. Increased leisure, with time passing slowly and days seeming long and monotonous.
3. Diminished social contacts. Some have outlived or become separated from friends, companions, and even family.
4. Changed economic circumstances.
5. Loss of community standing and influence.
6. Increased physical infirmities and physical handicaps.
7. Different type of living, or in groups, being separated from cherished personal belongings.
8. No one to talk with.
9. Displeasure over having to go to a home.
10. Family attitudes, such as rejection or overprotection.

(c) Unfortunate Changes in Attitudes and Behavior Often Caused By These Deprivations

Some general characteristics and ways of reacting might be:

1. Many feel lonely, friendless and unhappy.
2. Others feel isolated, uprooted, rejected and unloved.
3. Some become bored, dispirited, discouraged, frustrated, anxious, intolerant and inflexible.
4. Many feel inadequate, useless, and are often suspicious of strangers.
5. Many live in the past where their world offered them self-esteem and satisfactions, and they were in control of their environment.
6. For many, their range of interest gradually becomes centered in themselves.
7. Many become irritable and easily upset.
8. Others are worried, fearful about what will happen to them; and are afraid of old age and its aloneness and isolation.
9. Some lose their zest for life, give up living actively, and become introverted, withdrawn, embittered and apathetic.
10. Their lack of satisfaction and their losses often lead to depression, disillusionment and increased dependency. As their problems increase, so do their incapacities. Physical and mental deterioration begin to show and often unnecessary senility.

D. We Might Summarize This Session by Saying:

1. The Residents Need To:
   (a) Release their uncomfortable feelings through activities and socialization.
   (b) Have some further interest in life awakened in them.
   (c) Have new goals created so life has new meaning.

(d) Be reassured and encouraged to feel they still are of use to the world.
(e) Know there are friends in the community who are interested in them.

2. Volunteers Help by Bringing:
   (a) A fresh outlook and a high degree of service, new opportunities and resources.
   (b) Opportunities for socialization.
   (c) Attitude which creates positive reaction by the residents to their environment, especially their comfort, their around-the-clock physical care, and supervision of their dietary needs.
   (d) New things to anticipate, which fill empty, cheerless hours and a void in their lives.
   (e) Personal attention, motivation and stimulation in relation to interests in the outside world, in creative activities, intellectual and recreational pursuits and other appropriate interests.
   (f) Services that contribute to their physical and mental health and prevent deterioration of their capacities, including premature senility.

   Residents Benefit:
   1. Sleep and eat better.
   2. Have improved morale and personal appearance.
   3. Have more cooperative attitudes; are less irritable.
   4. Show a reduction in psychosomatic complaints and often become less incontinent.

E. Community Services

Optional and generally given only in larger communities. Services would include Board of Public Health and Department of Public Welfare and any other public or voluntary agencies which might offer assistance to residents.

THIRD AREA

HOW THE VOLUNTEER DOES HER JOB TO MAKE HER SERVICES EFFECTIVE

It should be recognized that we are only beginning to scratch the surface of the best way for volunteers to help the elderly, but we do know some of the directions and aids that might lead to greater success. We know that better documentation and analysis of needs, and more comprehensive planning should take place, along with more effective community and nursing home support of the useful role of volunteers. Research, which might cover experimentation in special programs and be focused on needs and methods of providing services, is vitally needed at this time.

NURSING HOMES

We now recognize volunteer services are a responsible job that requires preparation and more than a sentimental approach to help the resident understand "that someone cares" and to assist him in the restoration of his sense of dignity and worth as a useful member of society. Principles so far developed to accomplish this are:

A. Accepted Responsibilities Expected of the Volunteer to the Home

1. Become acquainted with the policies, procedures, and ethics of the home and follow them with good spirit. Respect the responsibility the nursing home has accepted for the care of its residents.
2. Refuse to perform any nursing care, housekeeping or other duties of the paid staff. Legal and insurance regulations make these the responsibility of the nursing home staff.
3. Check in with the staff member of the home in charge of volunteers when reporting for service. Visit only those residents she assigns or approves. Sign out when service is completed.
4. Seek the assistance of the staff member with regard to needs of the residents, or any immediate situation requiring guidance.
5. Advise the home of any inability to carry out an assignment.
6. Be punctual.
7. Remember to keep confidential the personal affairs and confidences of the residents.
8. Respect the religion, faith and customs of the residents. Do not force your personal beliefs on them.
9. Attend additional in-service training sessions when requested to do so by the home.
10. Keep records of services and materials used for the home as requested by the sponsoring agency or the home, for the evaluation of the program.

B. General Rules and Ethics of Personal Conduct to be Observed by Volunteers

Each home has its own code of policies, routines and requirements which will be explained when the volunteers are oriented into the home. The following general rules and ethics should be strictly adhered to. They have been worked out to protect and help both the volunteers and their organization, and the home.

SOME REMINDERS:

DO'S:

1. Learn something about your prospective friend before visiting him -- his interests, background, limitations, and needs.
2. Greet him by name. It shows you respect him as an individual.
3. Be a good listener. He may not often have anyone to talk to. Speak loud and clear so he can understand you.
4. Be flexible and ready to follow his interests. It may take many efforts to bring a response. In the beginning he may not know how to accept your attention. Be ready to change subjects or, if desirable, to leave.

5. Plan activities that will be adaptable to the person.
6. Respect confidences.
7. Guard against personal jokes. They may be misunderstood.
8. Be cheerful, faithful, patient. Be relaxed. Enjoy yourself.
9. Be objective and understanding.
10. Find something to like and interest you about your friend. Build your relationship on that.
11. Remember anniversaries, birthdays, with special comment, card, or possibly a small gift with his name on it.
12. Let the home know when to expect you. Call if you cannot come.
13. Offer suggestions on possible projects for next visit, and plan your next visit.

DON'TS

1. Never introduce yourself to him by saying "You poor thing. I've come to help you." Feel the visitee is eager for contact with you.
2. Never treat him like a child. He has had a lifetime of experiences.
3. Never underestimate his capacities, or force him into action.
4. Never talk about your own problems. He has plenty of his own.
5. Never criticize or contradict. Don't engage in arguments on controversial subjects. Religion, politics or illness can be upsetting subjects.
6. Never fail to keep appointments. The residents count on you.
7. Never make any promise you cannot or will not keep.
8. Never encourage him to feel sorry for himself, or allow his moods to determine yours.
9. Never become personally involved in his problems or take them home with you. Your responsibility is not to be a social worker, doctor, or lawyer, but a friend. Be concerned about the resident and not inquisitive about his affairs.
10. Never forget he is an individual.
11. Never become discouraged if your first effort is not successful.
12. Never discuss him or his problems, or the operation of the home, with anyone (including the resident), except qualified personnel of the home.
13. Never sit on or jar a resident's bed; never enter a room posted for "Isolation," "No Visitors," or when a door is closed. Never touch a dressing cart.
14. Never bring unauthorized articles such as food, drugs, prescriptions, tobacco, alcoholic beverages, or matches into the home. Never offer these items without clearing with the nurse in charge.
15. Never invite a resident to your home without approval of the doctor or home operator; never take resident from his room without approval.
16. Never expect him to take part in an activity which will expose him to ridicule.
17. Never accept gifts from residents without approval of volunteer supervisor of the home.

18. Never give your home address or telephone number to a resident.

C. Some Additional Aids for Carrying Out the Job, In Relation To:

1. A report, or a documentation of an established and effective volunteer service of another home might be given by someone connected with that home or the organization which sponsors the service.
2. Some play-acting could be devised representing the wrong and the right way to approach and carry out a service. (A scarf might be placed over the shoulder of one in audience who represents the resident.) One of the short plays from "Friendly Visiting Sketches", published by the Canadian Red Cross Society, Ontario Division. (Using members of the audience is recommended for 1 and 2 above, the script being read, as in this way it takes little preparation.)
3. Developing a Program
   (a) Consider individual backgrounds, preferences, and needs of residents, as well as the facilities at hand. The bedridden as well as the ambulatory should be included. A questionnaire to find out something about individual interests, past activities and entertainment desired would be helpful.
   (b) Introduce in the beginning, activities and hobbies he prefers or has known before and enjoyed.
   (c) Start at the resident's level and lead gradually into other activities. Do not push him.
   (d) Consider activities with little risk of failure, for failure in beginning operations may result in his not wanting to try again.
   (e) Although he needs to be stimulated, remember to work at his own speed; also, he generally has a short interest span and can easily become fatigued and discouraged.
   (f) Encourage him to do for others, as such services are good for his mental health.
   (g) Plan, whenever possible, activities which include both participation and entertainment.
   (h) Encourage residents to also plan, provide, and direct their own activities.
   (i) Care should be taken so volunteers won't confuse their own needs for those of the residents.
4. Carrying Out First Visit
   (a) In this "acquaintance visit" the volunteer should have a warm, sincere approach, be relaxed and enjoy herself. One should first establish herself as a friend, letting him know you want to be one and to enjoy his company. Do this before introducing any activities. Encourage the positive.
   (b) Remember each of us wants to be needed, to feel essential to someone and to be appreciated and thought important.
   (c) Encourage him to talk, listening for cues to his interests and abilities. Talking may be all he wants and needs for the present.

(d) Pursue his interests with him and be an interested listener.
(e) If he is suspicious or hostile, remember people are often hesitant about something new or a change. It may take a few visits for him to accept you. Your indication of liking him, in spite of such defensive behavior as withdrawal, rejection, etc., will help him to more easily relate to you.
(f) Don't overtire him, especially if he is bedridden.

5. Establishing Effective Relationships
   (a) Individualizing each resident.
   (b) Creating an atmosphere in which resident feels he can express his own feelings, including, at times, negative ones and that he will not be condemned for it.
   (c) Accepting him as a person of dignity and worth, regardless of his mental and physical condition.
   (d) Accepting him as he is (this does not necessarily mean approval).
   (e) Believing resident, if able, has right to make his own choices and decisions.
   (f) Recognizing resident needs to be understood and helped and not judged or condemned.
   (g) Respecting his confidences.
6. Motivating Residents
   (a) On the basis of having established a friendly relationship, learn more about his previous background, hobbies, etc.
   (b) Encourage him first to observe or participate in a small way, and enjoy it. This encourages a feeling of confidence, belonging and generally leads to further activity. He often first needs to work by himself with no competition for him to be comfortable.
   (c) If he withdraws, let him withdraw more than once and especially before being placed in small groups. Some people are "doers" while others enjoy the "sidelines". For example, the resident may all her life have been a cake baker for the party and not the party promoter.
   (d) Promote activities and entertainment that have a relationship to his cultural and nationality ties, his background and previous interests.
   (e) Encourage him to take part in individual and group self-guided activities. This helps to give him a feeling of accomplishment and, when in groups, of belonging, and brings about more participation.
   (f) Reassure him you like him and have faith in his ability and will help him. This encourages self-confidence, the making of new efforts and having pride in his achievements.

FOURTH AREA

ORIENTATION OF VOLUNTEER TO THE HOME, AND TOUR OF HOME
(To be carried out for the training group, after the above areas are covered and before assignment.)

A. Some General Facts:
   1. The receiving of volunteer service means that the home appreciates the value of such service, recognizes the place of volunteers, and will take the time to plan, orient and supervise (guide and give counsel to them). Staff should always understand the purpose and nature of volunteer service and that volunteers supplement and never replace staff services. Just as the personal interest of volunteers is important to the patient, so will the interest of the administrator and her staff in the volunteer's job be important to the volunteer.
   2. It is important that the volunteer be made aware not only of her place and function in the home, but also that of others involved in the direct operation there and her position in relation to them. Volunteer programs will have meaning and success only insofar as volunteers and staff understand each other's role and work cooperatively together.
   3. The nursing home administrator should provide the orientation to the home because how she thinks and feels sets the climate of the home. If she is delegating the supervision and guidance of the volunteers to one of her staff members, she also should be present at this orientation.
   4. As the home has recognized the job to be done by the volunteers has importance as far as the home and its residents are concerned, the home should then feel volunteers deserve recognition. This need not necessarily be in the form of a pin or a certificate, but should be in the attitude of the staff. This, as much as anything, will assure the sustained interest of the volunteer.
   5. It must be remembered that training the volunteer to do special things is another process than orientation. The nature of the work to be done will determine any particular training which should follow the orientation.

B. Welcome and Appreciation of the Volunteer
   1. Welcome
      (a) The welcome assures the volunteers of the full cooperation and recognition from administration and staff in return for their highly commendable efforts to aid in the social, physical and mental well-being of their residents.
      (b) Emphasizes how much volunteers can help because the services the home has requested are based on an exploration of residents' needs; and their services represent the interest and concern of the community for the residents. The volunteer's responsibility

duplicates no other service for they act as needed friends, with their most valuable contribution himself and his warmth and interest in the resident.

Their work will:

(a) Contribute to happier and more satisfying and useful living for the residents.

(b) Add prestige to the home.

(c) Supplement staff activities and bring plus services to residents.

(d) Place them as "Ambassadors of Good Will" from the home to the community, interpreting needs and services of the home. The volunteer, like other members of the staff, has a responsibility to the resident, the home, and his team mates, and so he exercises judgment and restraint not only in what he does in the home, but also in what he tells his neighbors and friends.

2. Limitations in Volunteer Services

(a) Certain restrictions in volunteer services must be well recognized because of legal and insurance regulations involved. Therefore, they assume no housekeeping or nursing duties. The physical care of the patient belongs to professional staff.

3. History and Background Information Concerning the Home

(a) Something should be given about the history of the home, its aims, organization, and facilities, its operation, type of patients (bed, semi-ambulant, etc.), and its place in the community. This would include "who's who" in the organization and any facts on the physical setup, fire restrictions, etc., that would be helpful. If the home is large, the use of a map might be helpful.

C. Supervision Offered and Relationships Involved

The person who will supervise them is introduced. Her appointment assures them that someone on the staff is accessible and responsible for their services. Also, that there is someone to turn to for information and guidance. Her responsibility will also cover aid in the development of the volunteer program and in the maintenance of good standards of volunteer practice. She may give the following facts, rather than the administrator:

1. She assures them she will maintain close contact with them, exchanging necessary information. This might include giving them the personal and physical characteristics of the residents to whom they are particularly assigned. The volunteer, in turn, is expected to bring back to her office any personal assignments the residents may request of him (which residents often do). This should be shared with the supervisor's office as the volunteer generally does not have the specific information and experience to well interpret the facts.

2. She will supervise changes in assignment, new services, additional volunteers, etc.
3. She will be responsible for the provision of facilities to carry out the volunteer program, including the place to work, where volunteers report on arrival and leaving, and where they can keep personal items while in service.
4. She will prepare residents for visitation of volunteers.
5. There will be a temporary or probationary period of a month (this would be four assignments if on a weekly basis) in which is shown the volunteer's suitability for the job, as well as his own assessment as to whether this is what he wants to do. A chance to change placement is always possible if, after a trial, the work assignment or placement seems unsuited to him.
6. If particular training is needed for additional jobs, this will be provided as well as periodic refresher courses which should include new information regarding the home, how to work more effectively with certain types of patients, additional activities, etc.
7. Explain any records about volunteer services which home maintains.

D. Guidelines for Volunteers in the Home (Given by Administrator or Supervisor)

Although such things as the following have been mentioned before, they bear repetition, with the administrator perhaps wishing to add others. The home expects volunteers to:

1. Be punctual and check in and out at the appointed place on arrival and when leaving.
2. Leave promptly after fulfillment of specific activities as this avoids creating any difficulties in home's regimen.
3. Whenever two or more volunteers are on duty at a time, one should be named a chairman of the day, or senior volunteer. She will act for the group in obtaining special instruction from the staff supervisor of volunteers. She also reports when going off duty, to the staff supervisor, of the day's activities and any unusual information.
4. When service is undertaken to residents other than those assigned to the volunteer, she must clear this first with the staff supervisor.
5. Generally only a limited number of residents is assigned each volunteer, so visits can be unhurried and beneficial.
6. Specific activities must be approved by the staff supervisor.
7. It should be remembered at all times the resident has left a place called home, and here he has few, if any, of his personal possessions. It therefore often is helpful for the resident, soon after his entrance, to discuss his recent admission with a volunteer who has more time than a staff member for visiting.
8. Few residents have voluntarily entered the home, and often they have deep resentments for those who arranged admission. For this reason, they may ask the volunteer to contact lawyers, banks, families and friends. Some may want also to register with such people complaints about the physical and medical care, or food, or their surroundings.

This should be done only with home's approval, for so often complaints are unjustified. Bringing to the resident's attention the fact that in this home he has medical and nursing care, planned meals, and a protected environment which his former location lacked and which he now needs, may help the resident in his adjustment.

9. Avoid performing nursing care or housekeeping duties. Insurance and legal requirements place the responsibility on the nursing home staff.
10. Advise volunteer supervisor of any inability to carry out assignment.
11. Refer to volunteer supervisor of home any inability to function, obey orders, or helpful suggestions.
12. Be loyal to the Home.
13. Keep uppermost in mind the needs, attributes, and attitudes of residents and patients.
14. Be a good listener, patient, kind, sympathetic and helpful, and most of all, understanding.
15. Protect the properties and confidences of patients and residents from needless publicity or discussion with others.
16. Avoid partiality.
17. Exercise caution against accidents to self, resident, or patient.
18. Care of property will be appreciated. (Furniture and equipment are expensive).
19. Respect the race, religion, faith and customs of residents and patients.
20. Old prescriptions, new medicine, scissors, glassware, cigarettes, food, and liquor are never purchased by a volunteer. Other items to this list of prohibitions may be added.
21. Keep material and service records used for evaluation of the program as requested by the Home.
22. All publicity must have the approval of the Administrator before going to press.
23. Fire and safety measures posted in all departments - Read carefully.
24. Rejection or dismissal of a volunteer for lack of potential service or grave matter will be within the right and authority of the administrator after due consideration and consultation with the home supervisor of volunteers and the voluntary organization sponsoring the volunteer project.
25. Probation period will be 3 or 4 visits, or approximately 10 hours.

E. Tour of the Home

F. Assignment

Explain and discuss placement with each volunteer before he is assigned. He previously will have indicated the hours he chooses to serve. His choice of hours must fit the needs of the home. His skills and interests should match, as far as possible, the needs and interests of the residents being served. If assigned with care, there will be less turnover. Definite instructions about the volunteer's specific job and about the standards of work expected will be reflected in the dependability and fine work the volunteer does.

VOLUNTEER ESCORT

Information and Referral Services:

VOLUNTEER ESCORT SERVICE

(Working Draft)

Prepared by:

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Chapter 1: Escort Service - Why and When

In some instances it may be necessary for a person to be personally escorted to an agency if he is ever going to get there. He may be physically unable to use public transportation or, in some cases, may not have the money. It is also possible that public transportation may not be available to him. In still other cases, he may be too fearful or uncertain to go by himself. The person's need for escort service should evidence itself during the referral or follow-up process.

The need for escort service may not arise often. When it does, however, you should be prepared to offer it. There may be little or no problem when you are referring the person to an agency that provides an outreach service that takes into account the difficulties people may have in getting to services in the community. Then all you have to do is call the agency, notify the contact person that Mr. B. needs his agency's services, and request that a home visit or telephone call be made to him. The resource file will identify those agencies that provide outreach as one of their services. Even when outreach is not listed as one of an agency's services, a worker or an agency may be willing to make a home visit if requested to do so. In other words, it does not hurt to ask.

Chapter 2: Recruiting Volunteers for Escort Service

For those agencies which do not provide outreach service, however, a center escort service will be valuable. Unless your budget is exceptional, you will probably not be able to afford a paid escort staff and may wish to consider the use of volunteers. One possible source of volunteer help might be the volunteers who may have participated in the community resources survey. They would be familiar with the center and its purposes, and might enjoy helping you again if you called them.

If not, check the resource file for the names of organizations that provide volunteer service for older people as part of their ongoing programs. Organizations providing transportation service in particular will be of special importance. Call the presidents or chairmen of these organizations, introduce yourself, and explain the nature of the request, i.e., the need for escort service for older people, in relation to the center's mission. If the resource file does not yield enough information about the volunteer service programs of these organizations, call their presidents and chairmen anyway to see if an interest in providing such a service can be developed.

RESOURCES

Chapter 3: How the Volunteer Escort Service Should Work

It should be possible to secure the names and phone number of about five volunteers to use on a rotating basis. The exact number of volunteers needed at any one time, however, will depend on the nature of the inquiries and problems presented at the center and their frequency. Experience will be a valuable guide. Although five names may seem too many at the beginning, it is important to make allowances for the volunteer's own schedule as well as illness and family priorities. Try to alert each volunteer sufficiently ahead of time so that he can arrange his schedule to accomodate the center. Some volunteers may need no more than a day's notice; others may need several days. In any case, this should be worked out individually with each volunteer. In the event that a volunteer is not available when you call, try to arrange to have him provide his or her own substitute. If this is not possible, be ready to use the other names on your list.

Each volunteer should contact the older person directly to make whatever arrangements are necessary regarding time and place for meeting. The volunteer will need the name, address, and phone number of the older person, as well as the name and address of the agency to which he has been referred.

Make sure that each volunteer understands what is expected of him and its importance, in order to minimize disappointments and frustrations on the part of the volunteer, the older person, and the center.

Chapter 4: Reimbursement for Expenses

Some volunteer escorts may need to be reimbursed for mileage and parking expenses if they provide automobile transportation. Inquire of other agencies about the going rate for mileage in your community. Have these volunteers complete an expense form which should be turned in to you at the end of each month. Other volunteers may not need to be reimbursed for these expenses and would be offended if they were. If some volunteers wish to contribute their mileage and parking expenses, remind them that these items are deductible for income tax purposes. If they do a lot of escorting, these expenses could add up to quite a sum, and this kind of consideration could be quite welcome. The matter of reimbursement should be worked out individually with each volunteer.

Chapter 5: The Matter of Insurance

All volunteers must be properly insured for driving to be an escort. The volunteer's usual automobile coverage is sufficient to insure both him and the person he is escorting against injury resulting from an accident while the service is being provided. A card file should be kept in the I & R office for each volunteer escort and should contain the name of the volunteer's insurance agent, insurance company, address, and phone number. In case of an accident, the volunteer's insurance agent should be notified immediately.

Chapter 6: Thank You's

Again, periodic notes or expressions of thanks, sincerely given, and/or a public listing of those who have given service are always welcomed and appreciated. These are often the only rewards that volunteers receive. It is essential that this kind of recognition be provided, not only in consideration for the feelings of the volunteers, but also in consideration for those older people who need to rely on volunteers for linkage to the services they need. Without volunteers, it is unlikely that the center could provide an escort service. There simply would not be time or manpower to do it.

Chapter 7: A Word About Escorting the Physically Disabled

All volunteer escorts should be prepared to offer a steadying hand or arm to the older person. However, for those older persons who are physically disabled and require substantial physical help or special equipment, services such as handicabs or Red Cross should be used for transportation purposes, with the volunteer accompanying the person in the cab. It should be remembered that escort service is not just a transportation service. It is what its name implies -- a one-time companion service for those older people who are unable to obtain service provisions they need and to which they are entitled without the aid of an escort.

RESOURCES

Chapter 8: Orientation Meeting for Volunteer Escorts

Before any volunteer is given an escort assignment, he should be oriented to the service he is about to provide and for the responsibility he is about to assume. It is not enough to assign him to the task without putting it into a meaningful context for him, particularly if you would like to develop a corps of volunteers who are truly committed to the center. Arrange an orientation meeting at a time when most of your volunteer recruits can be there. It probably should take no more than two hours if you plan the agenda well. It should include the following:

- history and background of the center
- purpose and function of center
- services for older people
- why older people need services
- why some older people need escort services
- how the escort service will work

As in all meetings, allow time for questions and discussion. Then schedule one or two follow-up meetings to see how things are going; otherwise, keep in touch by phone. If you can, include some sociability into the meetings by serving refreshments. Many good friendships are developed through meetings such as these. These are the by-products of volunteer service which you may want to note.

Chapter 9: Chairman or Coordinator of Volunteer Escort Service

Once you get a sense of the demand or need for escort service, you may want to think about having someone coordinate the service for you, particularly if the demand is great. Consider asking one of your most dependable volunteers to do this, one who enjoys organizing, working with people, and making arrangements. He should be responsible for matching each request with an assigned volunteer and also for recruiting new volunteers to the service when the ranks get thin. He also might arrange for and handle the orientation meeting for you. Chairmen should be rotated periodically to avoid having the responsibility become burdensome and also to increase volunteer interest and involvement in the service. Until you know what the demand for escort service is, though, you probably will want to handle this assignment yourself. In any event, volunteer escort service may be a crucial factor in helping the center fulfill its mission of linking people to the services they need.

TELE-CARE

tele care

Telephone 352-0021

WHAT IS TELECARE?

A service manned by volunteers to help older people maintain their independent living arrangements as long as possible, and help them make satisfactory adjustments whenever this is no longer feasible.

WHAT TYPES OF SERVICES ARE OFFERED BY VOLUNTEERS?

Telephone and referral service
Transportation
Friendly Visiting
Reassurance calls to shut-ins
Home and appliance repair
Employment--Senior Talent Employment Pool--352-7775
Counseling
Visiting Nursing Homes
Delivering records to the blind
Delivering books to shut-ins
Housing

WHAT OTHER SERVICES CAN THE VOLUNTEERS HELP ME OBTAIN?

Financial Assistance
Legal Aid
Homemaking Service
Meals on Wheels
Grocery Delivery
Health Services
Family Counseling
People Sitters
Part-time help

WHO IS ELIGIBLE FOR TELECARE?

All the residents of Champaign County 45 years and older who need such services, regardless of income.

WHO ARE TELECARE VOLUNTEERS?

TeleCare has recruited and trained residents of Champaign County who are interested in the welfare of their fellow men.

COST OF SERVICE?

All services offered by our volunteers are free of charge. Some of the agencies to which you may be referred have a sliding scale of fees.

WHERE TO CALL FOR TELECARE?

~~352-0021~~

352-0021

Tele-Care

Because We Care

TeleCare is sponsored by
Family Services of Champaign County
303 South Wright, Champaign, Illinois 61820

ATTENTION: OLDER ADULTS

RETIRED, but not tired?

DO YOU want to put your skills and talents to use and get paid?

DO YOU want to be part of a needed service to the community?

GIVE THE SENIOR TALENT EMPLOYMENT POOL A CALL AT 352-7775 AND THEY WILL BE HAPPY TO TALK TC YOU. THERE IS NO CHARGE FOR REGISTERING WITH S.T.E.P.

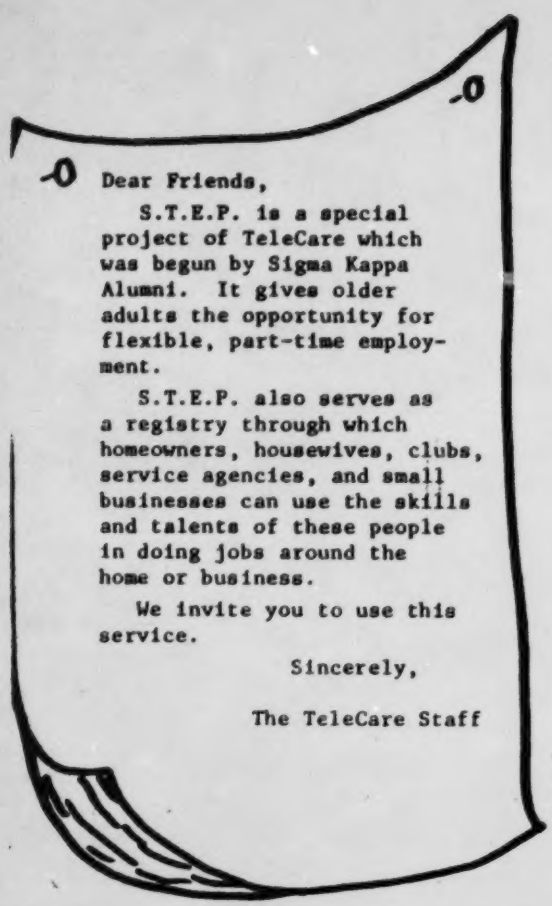
TeleCare
Sponsored by Family Services
303 South Wright
Champaign, Illinois

TeleCare

Senior Talent Employment Pool

352-7775

Monday - Friday
9 a.m. - 4 p.m.



Dear Friends,

S.T.E.P. is a special project of TeleCare which was begun by Sigma Kappa Alumni. It gives older adults the opportunity for flexible, part-time employment.

S.T.E.P. also serves as a registry through which homeowners, housewives, clubs, service agencies, and small businesses can use the skills and talents of these people in doing jobs around the home or business.

We invite you to use this service.

Sincerely,

The TeleCare Staff

HOW DOES THE SENIOR TALENT EMPLOYMENT POOL OPERATE?

A call to 352-7775, the TeleCare office, Monday-Friday, 9 a.m. - 3 p.m. will put you in touch with S.T.E.P.

Explain the job you would like to have done.

The secretary will give you the names and phone numbers of Talented Seniors who have the skills you need.

You call one or more of the Talented Seniors directly and make arrangements for employment.

Call S.T.E.P. back and let them know who you have hired and for what time. This will help make S.T.E.P. work more efficiently to serve you.

S.T.E.P. is a free service. However, Talented Seniors charge for work performed. Wages, hours, etc., are handled directly between you and the Talented Seniors.

* *Can't find a carpenter to do that small job around the home?*
* *Having a party and need someone to fix goodies or be a hostess helper?*
* *Need a dependable babysitter for an afternoon of shopping? Or perhaps for a brief vacation?*
* *Expecting many calls at home? Need someone to take these messages for you?*
* *Have some mending or ironing or cleaning that never seems to get done?*
* *Going on vacation and want a tender hand to care for a favorite pet?*
* *Looking for an experienced teacher to give your child some extra attention with school work?*
* *Haven't gotten around to trimming those hedges?*
* *A wedding, party, or meeting coming up and need help with hand addressing?*
* *Need someone to prepare a meal or sit with an older person?*
* *Need a typist or receptionist to fill in?*

FOR THESE AND MANY OTHER JOBS CALL
S.T.E.P. 352-7775

Loan Closets

Aid to the Visually Handicapped 333-2422
American Cancer Society 356-9076
Arthritis Foundation 356-4313

Social Action Groups

Committee on Aging 356-2547
Nursing Home Study Comm. 384-3749

Financial Aids

Food Stamps 352-7981
Ill. Dept. Public Aid-Medicaid 352-7981
IRS Hotline 800-252-8972
Social Security-Medicare 352-4117
Supplemental Security Income 352-4117

Employment

Illinois State Employment 356-1876
Illinois Vocational Rehab. 356-2505
Manpower Temporary Serv. 352-7875
Opportunities Indus. Center 352-2522
Senior Talent Employment Pool 352-7775
U of I Stenographic Service 333-4752

Housing

Champaign Co. Housing Auth. 367-1184
C-U Tenant's Union 333-0112
Champaign Co. Office on Aging 384-3749
Urban League 356-1364

Health Services

Public Health Nurses. 384-3794
C-U Public Health. 352-7961
County Geriatric Nurse 384-3794
384-3749
Frances Nelson Health Center 356-1558
Glaucoma & Hypertension Clinic . . . 352-7961

Legal Services

Bar Association Referral 352-5752
Consumer Fraud 892-2701
Legal Assistance Foundation 356-1351
State's Attorney. 384-3733

Transportation

C-U Mass Transit 352-4545
Rural Transportation Service 384-3749
TeleCare 352-0021
Urbana Senior Transportation 356-3975

Independent Living Helps

C-U Pub. Health Home Health Aides 352-7961
Homemakers. 356-2547
Meals on Wheels. 356-2547
Home Delivered School Lunches 384-3749
East Central Nutrition Program 359-3985
Senior Talent Employment Pool 352-7775

Recreation/Volunteer Activities

Champaign Park District 352-0071
Rantoul Recreation Department 893-0461
Retired Sr. Volunteer Program 356-2396
Urbana Park District 367-1536

Special Needs

Alcoholics Anonymous 352-2100
American Cancer Society. 359-9076
American Red Cross 356-2575
Arthritis Foundation 356-4313
Champaign Co. Chest Clinic 384-3845
Champaign Co. Council on Alcoholism
& Mustard Seed Foundation 356-7562
Champaign Co. Mental Health Ctr. . . 352-7921
Heart Association 352-6525
Lipreading for Senior Citizens. 384-3749
Multiple Sclerosis Society 367-8866
Services to Visually Handicapped . . . 333-2422
U of I Speech & Hearing Clinic 333-2230

Prepared for you
by
Champaign County Office on Aging
and
Committee on Aging

* * * * * * * * *

Printed for you
University Orthopedics
612 E. University, Champaign
356-4813

Wheelchairs, Walkers, Canes,
Toilet Assist Rails and
All Types of Medical Equipment
available for
Rental and Sale
Medicare forms completed for you.

* * * * * * * * *

and

Bongart's Pharmacy
1402 W. University, Urbana
367-8494

Free Delivery — Colostomy Supplies
Senior Citizens Discount

Information & Referral

SENIORS-Toll-Free..... 800-252-6565
East Central Agency on Aging..... 359-0505
Champaign Co. Office on Aging 384-3749
TeleCare..... 352-0021
Rantoul Referral Center 893-1530

EMERGENCY NUMBERS

POLICE _____

FIRE _____

DOCTOR _____

AMBULANCE _____

CIVIL DEFENSE _____

FAMILY/FRIEND _____

CRISIS SERVICE..... 359-4141
TELECARE..... 352-0021

Hospitals — Emergency Numbers

Burnham..... 337-2534
Carle..... 337-3313
Cole 356-3788
Mercy..... 337-2131
USVA Danville..... 442-8000

INFORMATION SHEET ON S.T.E.P.
(Senior Talent Employment Pool)

What is S.T.E.P.?

S.T.E.P. is a service to the community, and to older persons which is operated by Tele-Care.

S.T.E.P. gives older adults the opportunity for flexivle part-time employment and will serve as a registry and clearing house through which homeowners, housewives, clubs, service agencies and small businesses can use the skills and talents of older persons in doing jobs around the house or business.

There are many older persons in the community who have skills and talents which are very much needed but there has been no means of capitalizing on this talent. They often don't want to be tied down to a full-time job or don't want to endanger their social security pensions.

S.T.E.P. is a county-wide effort.

HOW DOES S.T.E.P. WORK?

A call to S.T.E.P. at the Tele-Care Office at 352-7775 on Monday through Friday from 9 a.m. to 3 p.m. will put people in touch with the Tele-Care secretary. Upon explanation of the job to be done, the secretary will give the caller the names and phone numbers of Talented Seniors who have the skills needed. The caller then contacts one or more of the Talented Seniors directly, and makes the arrangements for employment. S.T.E.P. is a free service. However, Talented Seniors charge for work performed. Wages, hours, etc. are handled directly between the Talented Seniors and the person calling. There is no charge for registering with S.T.E.P. and no age limit has been set since many persons in their late 50's and early 60's have as difficult a time getting a job to suit their needs as do persons in their early 70's.

HOW TO REGISTER:

Older persons interested in becoming part of this Senior Talent Employment Pool are urged to send in the attached forms to:

Tele-Care
303 S. Wright St.
Champaign, Ill. 61820

Once your form has been returned, we will contact you to complete the registration process.

TELECARE MONTHLY REPORT - SEPTEMBER 1974

Type of Service	No. of services	No. of persons
1. Information & Referral		
a. General	245	169
b. STEP	58	44
2. Outreach (708) funded by MHB		
a. individual services by SW's	346	87
b. grp. contacts or meetings	32	6
c. special event-trip by coffee grp. to Krannert Theatre	1	6
3. Transportation & Escort (done mostly by volunteers)	150	80
a. Grocery & Drug pickup	19	12
b. Meals delivery (County)	24	2
4. Counselling (done by social wkrs) includes visits, phone and collateral	329	79
5. Home Maintenance (Done by vols)		
a. friendly visiting	136	27
b. reassurance calling	628	63
c. coffee groups	120	60
6. Community organization & planning		
a. individual contacts	53	
b. group meetings	33	
c. newsletter	1	1800 indvs. 100 orgnzs
d. Monthly report	1	55 orgnzs
7. Training & Supervision		
a. students	52 hrs	7 students
b. volunteers	30 hrs.	20 vols.
c. vol. group trng.	3	
d. newsletter & monthly report	1 ea.	400 vols

Listed above are the present programs as provided by TeleCare under the program definitions of the Title III grant and other resources, such as CCMHB (708). The total unduplicated number of persons served in programs 1 thru 5 is 418.

Urbana Senior Transportation Service (funded by Cunningham Township Revenue Sharing) transported 102 different persons by taxi or limousine to a variety of destinations. There were 318 units of transp. including 152 to doctor or hospital, and 13 limousine trips to shopping centers (average 9 per load).

Congratulations to Mahomet--meal delivery is now available through TeleCare volunteers!

Here is a further breakdown of numbers of people served in the County by social workers: Rantoul 8, Ludlow 1, Penfield 1, Gifford 5, Homer 4, Sidney 2, Longview 1, Philo 4, Tolono 4, Fisher 12, Mahomet 7 and Seymour 3. C-U outreach to Black community served 32.

Introducing our new Family Service Staff member. She is Jeann Rice,MSW, who will act as a consultant and facilitator for services of all 5 programs for aging (TeleCare, Meals on Wheels, Homemaker, Nutrition Program and Retired Senior Volunteer Program) under Family Service. Jeann will work with STEP (Senior Talent Employment Pool) in particular and we hope at long last to provide a real service for those needing jobs and those needing workers. Call her in the afternoon 1:30 to 4:30 at 352-7775 for help from the STEP program. She will also provide outreach, evaluation, recruitment and training services for Nutrition, RSVP, MoW and Homemaker. Welcome Jeann!

Volunteer general liability insurance can be obtained if enough want to sign up. This includes general liability and/or automobile liability. Please call Irene Metzger, 344-0506 if interested. We will join through Voluntary Action Center but need a minimum of 67 interested volunteers and 22 interested drivers to qualify. Cost for Volunteer General Liability would be $1.50, or Volunteer Driver Liability $1.75 for 1 year. Do not send money until we send you further information.

TeleCare has"Guidelines" for the following volunteer tasks: Transportation, Friendly Visiting, Information and Referral Phone duty, Reassurance Calling, 'Group' Leadership, Nursing Home Visitation, and guidelines for a volunteer to make a Basic Physical Assessment (this is a new guideline which you will be receiving soon). All volunteers should have at some time received the appropriate guidelines. If you should need these guidelines please come by the office, if convenient, or call Irene to request them. P.S. we always welcome a visit from our volunteers at 303 S. Wright!

Mass Transit District now offers free trips to special events to senior citizens holding reduced fare identification cards. All members will receive information by mail. Pick-up spots will be senior citizen housing or recreation centers. Re info-call 384-8188. TeleCare cannot transport individuals to join in this program but we deeply appreciate this effort at outreach by MTD.

Champaign County Historical Museum plans to open December 1, 709 W. University, Champaign. Older volunteers are needed for committee work for: hospitality, historic preservation, oral history and other helpful services. If you know anyone interested in one of these activities have them call Pat Miller, 356-1010. Transportation can be provided by the Junior League.

White-Wing Maintenance Service is a new service providing home maintenance, janitorial work, lawn work and other miscellaneous jobs at $2100 per hour. Contact Mike Stodden, Rehabilitation Counselor at Threshold, 352-7381.

All our gratitude to the family and many friends of Helen Krabbe for remembering her with contributions to TeleCare. She was a charter member of our Thursday volunteer coffee group. We loved her and will miss her.

OH, YES INDEED, WE THANK YOU ALL FOR ALL YOU DID LAST MONTH. Button down and gear up for the long cold winter ahead.

DATES TO REMEMBER:

Note to volunteers: It would be nice if you could arrange to attend at least one of these events in place of our in-service session for November. WE WILL HAVE A GENERAL VOLUNTEER RECOGNITION PARTY IN DECEMBER. Details later.

-Oct. 29: October in-service for Friendly visitors, reassurance callers, group leaders, and special projects volunteers. 9 a.m. at Uni Place Christian Church room 121.

Also, on that day, Maggie Kuhn, that dynamic Grey Panther lady, will be in town. She will give a public presentation at 7:30 p.m. at the Law School Auditorium and there will be a workshop in the afternoon. For details call 359-0505.

-Oct. 30: Nursing Home Study Committee, 3-5 p.m. Uni. Place Church.

-Nov. 4: Arthritis Foundation Forum, 7:30 p.m. Urbana Civic Center.

-Nov. 4: Committee on Aging, noon-sack lunch, Uni. Place.

-Nov. 9: Oscar Steer Bazaar.

-Nov. 15: National Association of Social Workers workshop on "Death and Dying with Dignity" beginning 8:30 a.m. at Wisegarver Lounge in Uni. Place Christian Church.

American Association of Retired Persons monthly meeting at 1:30 at the Meeting Center will have a movie on arthritis.

-Nov. 21: TeleCare staff and Area Coordinators will meet at 10 a.m. at 303 S. Wright and the Advisory Board at 3:30.

Mini Calendar for Rantoul and nearby areas:

There will be a series of programs conducted by The County Geriatric Nurse pertaining to Health and Senior Citizens. They will be following the lunches at the Bethany Park Christian Church in Rantoul. Schedule is as follows: Time is 1 p.m.

Wednesday, October 30 - First Aid
Wednesday, November 6 - Dental Problems
Wednesday, November 13 - Ears
Wednesday, November 20 - Drugs.

If transportation is a problem call Office on Aging, 384-3749. To make a lunch reservation call 893-3661. Lunch served at 12:15.

NEWS FLASH-HOT OFF THE PRESSES! On Nov. 19 bask in the reflected glory as our BETTY HINTON RECEIVES THE GOVERNOR'S AWARD FOR VOLUNTEER OF THE YEAR! Betty is our area coordinator in Fisher and her list of activities is most impressive, and, can she bake a raisin pie!

S T E P

PERSONAL INFORMATION SHEET

NAME_____ TELEPHONE_____

ADDRESS_____ AGE_____

_____

Do You Need Transportation? Yes_____ No_____

What Jobs Have Yo- Held? (Please list)_____

_____

_____

_____

Physical Condition: Height_____ Weight_____ Hearing_____

Able To Lift_____

What Days and Hours can you Work?_____

_____

Would you Consider Taking a Live-in Position (24 hours a day)?

Yes_____ No_____

References: (List 2 persons living in Champaign-Urbana who are not related to you, whom we could contact for a character reference.)

1. Name_____ 2. Name_____

Address_____ Address_____

_____ _____

Phone_____ Phone_____

Are you willing to work in any part of Champaign-Urbana? If your answer is NO, please list those parts which DO NOT appeal to you.

_____

_____

Wages Preferred_____

Please send replies to:

TELE-CARE
303 S. Wright St.
Champaign, Ilinois
Phone 352-7775

S T E P

DATE_____

INFORMATION SHEET ON EMPLOYMENT SKILLS AND TALENTS

MEN (PLEASE CHECK)

Carpentry:
- Rough_____
- Finish_____

Cabinet Making_____

Electrician_____

Plumber_____

Painter
- Outside_____
- Inside_____

General Home Repairs:
- Storm Windows_____
- Roofing_____
- Gutter Work_____

Heavy Cleaning:
- Window Washing_____
- Wall Washing_____
- Floor Care_____

Bartending_____

Gardening_____

Yard Work_____
- Mowing_____
- Weed Pulling_____

Chauffer_____

Barber_____

Odd Jobs_____

Other (Name)_____

_____

WOMEN (PLEASE CHECK)

Babysitting_____

Sewing:
- Mending_____
- Tailoring_____
- Alterations_____

Cooking:
- Plain_____
- Fancy_____

Baking_____

Hostess Helper_____

Laundry:
- Washing_____
- Ironing_____

Light Housework:
- Dishes_____
- Dusting_____
- Vacuuming_____
- Bed Making_____

Clerical:
- Typing_____
- Hand Addressing_____
- Filing_____

Beauty Care:
- Hair Dresser_____
- Manicurer_____

Other (Name)_____

_____

_____

MEN OR WOMEN

People Sitters (sitting with older persons)_____Bookkeeping_____

Musicians: Teaching_____Performing_____nursing Aides_____

Upholstering_____Tutoring_____Animal Sitting_____
Subjects:_____(for vacationers

_____

TELE-CARE

VOLUNTEER APPLICATION

Name_____Telephone Number_____

Address_____

I am interested in volunteering some time to participate in one or more of the following TELE-CARE activities:

_____Telephone Information and Referral (in my own home)

_____Daytime
_____Evening
_____Either

_____Telephone Reassurance Calls (in my own home)

_____Home Maintenance Help

_____Transportation

_____Clerical Assistance

_____In my own home
_____In the TELE-CARE office

_____Job-finding for older people

_____Friendly Visiting

_____Fund-Raising

_____Training

_____Publicity

_____Recruiting

_____Newsletter

Previous Professional or Volunteer Experience:_____

_____

Present Occupation:_____

How long do you plan to remain in this community?_____

Hobbies, Leisure-time interests:_____

Church affiliation:_____

TELE-CARE

Tele-Care needs you as a volunteer to:

1. Listen sympathetically and help provide referral service as needed for older people with problems.
2. Visit older people in their homes who need and want an outside contact.
3. Drive people to doctor's appointments, grocery shopping or just for an outing occasionally.
4. Call a shut-in daily to check on their well-being, and let them know someone cares.
5. Provide emergency help in the home for someone just out of the hospital for a limited time.
6. Help with minor home repairs for crippled or disabled older persons who cannot afford to have this work done.
7. Help recruit volunteers to better serve the constantly increasing number of callers to Tele-Care.
8. Help with typing and distribution of materials, training of volunteers, and other office type small chores.
9. Training will be provided for all these services, and you may give as much or as little time as you have available.

Tele-Care wants you to call if you need help in any of the following areas:

1. Help in obtaining services from existing agencies, or identifying the services in the community which are available to you.
2. Transportation to the doctor, grocery store, etc., if you have difficulty in obtaining a ride from other sources.
3. Homemaker help, visiting nurse services, therapy, new or different prosthetic devices.
4. Part-time employment or other income help.
5. A friendly visitor or caller with whom you can share experiences and become a friend.
6. Information about nursing facilities, home help, and other problems of aging parent or relative.

Tele-Care is under the auspices of Family Services of Champaign County. There is no charge for services. A volunteer is on duty 24 hours a day, and we have professional consultants available at all times. The Tele-Care number is 352-0021. Please call if you can help us or we can help you!

RESOURCES

THE TELE-CARE CHECK-IN SERVICE, TELE-TOUCH, HAS BEEN DESIGNED FOR PERSONS 45 AND OLDER WHO LIVE ALONE AND WOULD LIKE THE ASSURANCE OF KNOWING THAT A CALL WILL BE MADE TO THEM EACH DAY TO CHECK ON THEIR WELL-BEING. THESE CALLS WILL BE MADE BY VOLUNTEERS BETWEEN THE HOURS OF 7:30 AND 8:30 A.M. AT THIS TIME, THE CALLS ARE BEING MADE BY OLDER PEOPLE WHO ARE RESIDENTS OF THE CHAMPAIGN COUNTY NURSING HOME WHO WOULD LIKE TO HAVE SOME CONTACT WITH PERSONS OUTSIDE THE FACILITY, AND ALSO WOULD LIKE TO PERFORM SOME NEEDED COMMUNITY SERVICE. YOU WILL BE PERFORMING A SERVICE TO THEM, ALSO, BY HELPING THEM TO FEEL NEEDED AND USEFUL.

WE ASK FOR THE INFORMATION BELOW IN ORDER THAT WE MAY BETTER HELP YOU IN CASE OF EMERGENCIES. THE INFORMATION WILL BE HELD IN CONFIDENCE, AND AVAILABLE ONLY TO PERSONS WHO WILL BE CALLED IN THE EVENT THAT YOU FAIL TO ANSWER YOUR CHECK-IN CALL. IN THE EVENT NONE OF THE NAMES LISTED CAN BE OF ASSISTANCE, THE POLICE WILL BE CALLED.

IF YOU ARE TO BE AWAY AT THE TIME DESIGNATED FOR YOUR USUAL CALL, PLEASE NOTIFY YOUR CALLER BEFORE 4 P.M. AT 384-3786.

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Tele-Care Guidelines No. 1
PROVIDING TRANSPORTATION TO OLDER PERSONS

1. Older people will need your help in entering and leaving the car. They will appreciate assistance with heavy doors, staircases, slippery walks. For those clients who have difficulty getting in and out of cars, it is very helpful to put your car seat as far back as possible before the client gets in or out. Use seat belts whenever possible.
2. Be sure the door next to the older person is locked.
3. Call to confirm need for ride on the day the older person has requested the ride. They need the reassurance that you are coming. This will also save your time because clients sometimes find other transportation and fail to notify us.
4. If a client calls you directly asking for transportation, suggest that he call Tele-Care first.
5. Older people may often request that you help them with additional errands, once they are in the car. This may be difficult for you if you are running short on time. One solution is to ask the older person when you call to confirm the ride if there is anything else which he wishes to do while he is out with you, e.g. paying bills, grocery shopping. You need not feel obligated to help with these.
6. Use your time with the older person to learn a little more about his background, interests, skills, and current problems. This is a good opportunity to suggest services of which he might not be aware. In the absence of knowledge about services, you can pass this info about problems on to the Tele-Care volunteer on telephone duty.
7. Do not accept payment for your help. You can suggest a contribution to Tele-Care or ask the older person if he would be willing to help Tele-Care in some way in the future. If the older person is interested in helping us, suggest that he call the office.
8. If, for any reason, you are unable to provide transportation which you promised, notify the Tele-Care volunteer on duty immediately, giving the client's name, address, telephone number and destination. In the event you have been able to take a client to his destination (the doctor's office for example), but due to an emergency are unable to pick him up, check with the telephone volunteer to see whether someone can be located to fill in for you. If no one can be found, leave a message for the older person telling him to take a taxi home and Tele-Care will reimburse him for the fare. Check with the client the following day to find out the amount of his fare. Give this information to the Tele-Care office.
9. The great majority of older persons are deeply grateful for your help and will tell you so. However, there will be aggravations: last minute cancellations, clients who are not home when we expect to pick them up, clients who make numerous demands on our time, clients who seem dissatisfied, impatient or uncommunicative, and clients who appear to have equally satisfactory modes of transportation but call on us instead. If you encounter difficulties, come to one of the Tele-Care in-service training meetings where we can all discuss the situation. If the problem is acute or you are particularly concerned for any reason, contact one of the Tele-Care resource persons.

RESOURCES

ROUTINE TRANSPORTATION CALLS

VOLUNTEER _____ DATE _____

CLIENT'S NAME _____ PHONE _____

ADDRESS _____ DESTINATION _____

TIME _____ DATE _____ DRIVER _____

ANY SPECIAL INSTRUCTIONS _____

VOLUNTEER _____ DATE _____

CLIENT'S NAME _____ PHONE _____

ADDRESS _____ DESTINATION _____

TIME _____ DATE _____ DRIVER _____

ANY SPECIAL INSTRUCTIONS _____

VOLUNTEER _____ DATE _____

CLIENT'S NAME _____ PHONE _____

ADDRESS _____ DESTINATION _____

TIME _____ DATE _____ DRIVER _____

ANY SPECIAL INSTRUCTIONS _____

VOLUNTEER _____ DATE _____

CLIENT'S NAME _____ PHONE _____

ADDRESS _____ DESTINATION _____

TIME _____ DATE _____ DRIVER _____

ANY SPECIAL INSTRUCTIONS _____

Tele-Care Guidelines No. 2
FRIENDLY VISITING TO OLDER PERSONS

A. Attitudes in Friendly Visiting

Everyone has common basic needs such as having a sense of belonging to someone and being able to feel that there is some way to be of service to others. Frequently the shut-in, whether it be an aged person or one with severe physical handicaps, has lost contact with friends and relatives and has come to feel that no one in the world cares. Here is where the friendly visitor can bring optimism and encouragement to the person who has dropped out of line with the outside world.

Many of the people whom you will visit have gone through a long period of illness and suffering. These experiences affect people in different ways. Some are able to come through with a fairly happy outlook on life while others have become very morose and bitter toward the world and people in general. Sometimes they show this by being unfriendly, suspicious or argumentative.

Before launching on this new venture of friendly visiting, we might explore some of our attitudes by asking ourselves a few questions that will help us to meet some of the situations we will encounter.

1. The first question we might ask ourselves is "Do we like people?" I'm sure you do or you would not be interested in friendly visiting. But do you like people at their worst? Just as we all have our ups and downs, you will frequently find the person whom you visit feeling somewhat low, and if that person is inclined to have a rather irritable disposition, you might not be met in a very friendly manner. However, you should be able to recognize that this may be only a temporary mood and that perhaps your next visit will be under happier circumstances. Some days, for example, you may exchange only a few words, with a promise to return.
2. Another question can be -- "Are we able to accept people as they are?" Sometimes we are greatly moved by seeing people with severe physical handicaps and if you happen to be so affected, you can discuss this with the service coordinator or in in-service training sessions. It is sometimes better to find another placement under these circumstances.
3. A third question is -- "Can we develop the art of being a good listener?" In your work as a friendly visitor, you will be meeting people who are longing for someone to talk to and it is important that you can let the person whom you are visiting "talk themselves dry."
4. A fourth question is -- "Am I able to avoid getting into arguments?" It is extremely unwise to get into deep conversation on the subjects of religion and politics. Every individual is entitled to have his own ideas in these two areas, whether or not they are in accord with ours.
5. A fifth question is -- "Can I refrain from telling my own troubles to the person whom I am visiting?" There is a story about an elderly school

teacher, who was very lonely, and has been assigned a friendly visitor. In desperation, the school teacher called the agency one day, saying she had enjoyed visiting with Mrs. So and So, but during their last visit, Mrs. So and So had told about so many troubles of her own that she (the school teacher) thought the visitor should be referred to a caseworker.

6. A sixth question is -- "Can I accept the standardsof others?" From beginning of time, we have had people with different standards of housekeeping. It is not always pleasant to visit those who have poor standards, but at the same time, as a volunteer visitor it is not recommended to attempt to make changes.
7. A seventh question is -- "Can I develop or find a common interest with the person I am visiting?" As you become acquainted, you may find you have visited similar localities or perhaps there is a common interest in the exchange of recipes, a common interest in flowers, handicrafts, etc.
8. And last -- "Can I develop the art of being extremely sensitive to the needs of the people I visit?" For example, one woman who lives with her employed son was very lonely during the day and in her request for a volunteer said that her greatest desire was to have someone who could read a chapter of the Bible to her once a week. The volunteer assigned did this, and it was not long before she found herself ready to do other little errands for this handicapped woman. Many shut-ins enjoy reading magazines after their friends have finished reading them. If you go away for a short trip or vacation, it might be possible for you to send the shut-in a postal card. Lonely people deeply appreciate these gestures.

B. Procedures in Friendly Visiting

1. Until you have a routine well established, you should confirm your visit with the older person by telephone before arriving. Older people can be forgetful; sometimes, they wish to be alone if they are feeling ill or in pain.
2. If the older person is an invalid, do not sit on the bed during your visit.
3. Do not change dressings, administer medication, or involve yourself in any other medical regimen with the older person unless written permission from the physician has been obtained.
4. Do not bring candy, cookies, or other foods for the older person unless you have ascertained from his physician or another knowledgeable person that the individual is not diabetic or subject to other dietary restrictions.
5. Do not accept money from an older person to pay his bills, buy groceries, etc.
6. When in the older person's home, do not touch or move any objects. You may be asked to help with household tasks -- washing dishes, for example. However, you will have to assume responsibility for breakage or damage if you do. It is probably best to define exactly what the older person wishes you to do, and then limit your help to small personal services. Your main objective is to provide

companionship; if domestic help is needed, Tele-Care can arrange for this by utilizing other resources, such as Homemaker Service.

7. The value of your companionship to the older person is greatly enhanced by the fact that you are not paid to come (like a caseworker or a visiting nurse) -- you are there out of your own interest in another individual's well-being. And you are relatively anonymous -- that is, you are not part of the older person's family or his neighborhood. You offer the cloak of confidentiality, should the older person wish to tell his problem. Do not undermine these values by accepting offers of payment for your time or by volunteering to mention the older person's problems to other groups. If you think the older person can benefit from additional services, you can bring this up with the Tele-Care volunteer on telephone duty after you have obtained permission from the older person to do so. Or, you can suggest that the older person make his request directly to the Tele-Care volunteer on telephone duty.
8. Although you should not accept payment for your time, you may wish to exchange small gifts with the older person whom you visit. This should be discussed in in-service training meetings.

C. Objectives of Friendly Visiting

The term "friendly visiting" suggests what is familiar to all of us -- a neighborly chat, a sharing of good-will by people in their own homes. The basic objectives are exchange of pleasant experiences, sometimes a sharing of griefs, mutual stimulation of ideas, recreation and relaxation in a non-competitive atmosphere, and a sense of being a part of other people's lives. However, "friendly visiting" under the auspices of an agency or a community service like Tele-Care is different in some respects which we often do not consider. Failure to recognize these differences can contribute to problems.

Often, by the time an elderly person has come to the attention of Tele-Care, his loneliness and isolation are acute. He may feel almost desperate -- or he may have withdrawn and present an unreachable aspect. While he may welcome, in a general sense, the prospect of "company" and he may yearn for some kinds of human contact, he might at the same time be very fearful about the responsibilities which a relationship imposes. We all know that there is effort involved in making friends, and the inner resources of people who have been exposed to stress for a long time are often much depleted. Some older people have a strongly negative self-image -- for which society is partly to blame -- and express doubts about "being worth the trouble" when friendly visiting is suggested. These individuals shy away from the social contacts they deeply desire out of a fear that they will be unlikeable or uninteresting. Tied in with these feelings may be considerable anxiety about being "let down" by a friendly visitor, which can engender either suspiciousness or unreasonable demandingness in the older person.

RESOURCES

As you can see, friendly visiting in this context does not start out on the same foot as neighborly social contacts do. Of course, there are many times when everything clicks nicely, with mutual gratification and minimal tension for both the friendly visitor and the older person. However, in instances where beginnings are more prickly, more tentative, more uneasy, then it may be helpful to recall that you need to suspend some of the expectations which you usually have in other relationships. You can perhaps see irritability and suspiciousness as fear, not rejection. You can regard attempts to withdraw from the relationship as flight, not repudiation of the service. You can possibly view over-weening or impossible demands with some equinimity, rather than feeling pressured or cross. You can try to tolerate remoteness, recognizing that the older person may find it hard to open up. Equally, you can perhaps better contend with "complainers," knowing that society places older people in a disadvantaged position at the same time their physical and intellectual capacities are ebbing. You could attempt to see protracted discussions of illness -- or fancied illness -- as a bid by the older person for attention and perhaps for the absence of other interests in his life.

However, you don't have to be a saint either; in fact, it is probably well not to harbor any fantasies about rescuing or saving an older person from a dreadful life. You do need to apply some understanding to the relationship, so that initial hitches will not leave you -- and the older person -- feeling defeated, depressed, or shattered.

Your objective, in the beginning phases of friendly visiting, is to leave the older person with a sense of your interest in his well-being; your receptiveness to his ideas; your willingness to accept his silences, his handicaps, his lapses of memory, his complaints, his irritability, his environmental disadvantages. You should convey to him that he is now a remembered part of your life. And you will need to define to him what the limits are to this relationship -- what you can give and what you can do. In no way should the older person feel condemned, patronized, overwhelmed. Your attitude toward him should be baded with warmth and respect.

Depending upon the personality and past experiences of the older person, the one-way flow should gradually move toward a more mutual exchange, subject to the constraint that you do not introduce your personal problems, griefs, disappointments, and hostilities into the open channel. You can have, as one of your long-range objectives helping the older person to form new friendships and new interests, so that his life acquires wider meaning. You can help him utilize relevant community services in times of need. You can ease the frustrations he feels in coping with hearing loss, sight loss, and other degenerative changes by working with him to acquire information from appropriate sources which will assist him in coping with these disabilities. You can ameliorate some of his discomfiture by simply agreeing with him that his condition is aggravating for him.

Tele-Care Guidelines No. 3
INFORMATION AND REFERRAL SERVICES FOR OLDER PERSONS

1. Begin your conversation with the caller receptively, and simply. For example: "This is Mrs. B. I understand you called Tele-Care, how can we help you?"
2. Once the caller has stated his problem, you may tentatively explore areas where help might be offered outside of the clients immediate request. Try to put yourself in the shoes of the caller. What sorts of needs suggest themselves to you, given the client's basic problems? For example, I received a call from the husband of an older woman who had suffered a stroke which paralyzed her entire left side. The husband wished someone to come out in the afternoons to help his wife exercise her limbs. I then inquired about her vision and learned that she was functionally blind as a consequence of the stroke. In addition to finding someone who could help with this man's immediate request, I was able also to refer him to Illinois State Blind Services. This organization is now providing "talking books" and other counseling for the woman.
3. Try to get a general feeling about the caller's life situation by tactfully asking for information or making observations in the following areas:
   (a) Income, resources to pay for services (exact amounts not needed)
   (b) Previous or current agency contacts
   (c) Health status and name of physician
   (d) Mobility and means of transportation
   (e) Social contacts, relatives in community
   (f) Recreational activities, interests
   (g) Occupational activities, interests
   (h) Housing - needs for help with home maintenance, domestic help, public housing
   (i) Capacity to carry out planning independently -- mood, intellectual and emotional state

   If you sense resistance or reluctance by the caller to talk more fully about himself, discontinue your probing. "Creative listening" may reveal information in many of the above areas without direct questioning. In most cases, the older people who call us do have multiple unmet needs, and there are a variety of ways in which we can be helpful. However, for those callers with simple, straight-forward requests, such as transportation to a physician's office, they may well question why it is necessary to provide a short "life history." Depending upon the request, you can also explain the use to you in helping the person plan.
4. Always begin with the attitude that a solution can be found, whether in the form requested by the client or through alternative means. Try to use the philosophy that "a problem exists only in the absence of ideas."
5. Don't feel that problems must be solved or requests fulfilled on the spot. Unless you are faced with an acute crisis, take down the information supplied by the caller and arrange to contact him again, either later in the day or later in the week. Then take time to think about the request:

what has this person told you about himself, directly and indirectly, or what can you read "between the lines" about the nature of his life situation? Unfortunately, resources do not exist which can readily meet the requests of many of our callers. We will have to use our imaginations and creativity. Are there people whom we know -- neighbors, members of our church, etc. -- who might be called upon to provide help? Check with your professional back-up and the Tele-Care social worker, they will probably have some ideas.

The great variety of requests which we receive from people with a wide diversity of backgrounds and problems means that standardized responses are not, at this point, possible.

6. It may help to be aware of the fact that older people sometimes minimize their problems, de-emphasize the enormity of their needs. This is usually a product of their desperation for help. For example, a completely bedridden woman may tell you she only needs " a little help around the house," out of her feeling that if she actually described her situation, she might be turned down (this is another reason why we must delicately obtain information about health, income and so on). In cases where you suspect a fuller diagnostic evaluation is required in order to make the best plan for an older person, it is a good idea to ask a Tele-Care social worker or a public health nurse to make a home visit, provided you have the older person's consent. If a caseworker or nurse does become involved, you should subsequently work out your planning for the caller in collaboration with the other agency.
7. Follow-up is extremely important. Don't take on more clients in one day than you can conscientiously keep in touch with subsequent to their request. If you receive a great many calls in one day, take down the relevant information and pass it on to the volunteer on duty the following day (check your schedule). The purposes of a follow-up contact with callers are (a) to ascertain whether they are now receiving the assistance which they requested and (b) to leave the client with a positive feeling about the interest that Tele-Care has in his welfare.
8. Remind older persons living alone that Tele-Care operates on a 24 hour a day basis, (Suicide Prevention and Crisis Service takes the calls from 5 p.m. to 8 a.m. and refers them), so that in the event of an emergency at night, they can call upon us. This is very reassuring to older people, even when they are well and active, and it helps to lessen some of the tensions they feel in managing their own lives.
9. Careful explanation and interpretation of service is needed in working with older people who tend to be fearful of exploitation and are sometimes initially guarded or suspicious. If, for example, you have arranged for a Friendly Visitor for an older person, be sure that the older person knows who is coming, when they are coming, and what will be done.
10. Older people are, realistically, very concerned about costs of service or ways in which they can conserve their income. Let the older person know that direct services from Tele-Care - such as reassurance calls, transportation, and friendly visiting - are confidential and without charge. Explain

carefully any fees which may be associated with referrals to public health visiting nurses, Meals-on-wheels, Family Service, Homemaker Service and so on. You may have to repeat your explanation several times because of the anxiety which older people usually experience in planning expenditures on a limited income.

11. Report all calls during your shift of duty to the Co-ordinator. Prepare a written report of your contacts with older persons only after you have completed all follow-up activity. Report forms, should you run out, can be supplied by the office.
12. If someone calls to volunteer his services, obtain his name, address, telephone number, previous experience with older people, and area of volunteer interest. Give this information to the Co-ordinator of Volunteers for Tele-Care. Tell the potential volunteer that you will be giving her this information and she will contact them.
13. If you receive a call from the representative of a group or agency who is interested in having a speaker from Tele-Care or who is thinking about coordinating the energies of their organization with ours, refer the caller to Janie Bloomer, 352-7775.
14. The basic problem in making referrals at this point is that there are few established community groups which provide services most needed by older persons.

Your first step in locating a volunteer driver is to contact Mrs. Libby Antrim, 356-0049. She can be reached only between 9 a.m. and 1 p.m. on weekdays. Mrs. Antrim is keeping a file of all volunteers who are willing to drive. Please do <u>not</u> put the older person directly in touch with Mrs. Antrim, or, once you have secured the name of the driver or other volunteer, do <u>not</u> give the volunteer's telephone or address to the client. The procedure should be as follows:

1. Ask the older person for his name, address, telephone number, destination, date and time of appointment.
2. Call Mrs. Antrim and transmit the client's request.
3. Mrs. Antrim will call you when she has obtained a volunteer to provide help. She will give you the name of the volunteer.
4. Call the client and tell him that an arrangement has been made, giving him the name of the volunteer.
5. If the client calls to cancel the arrangement, notify Mrs. Antrim who will then call the volunteer.
6. When making your report to the Co-ordinator at the end of your shift of duty, be sure to state what resources were used that day. Then, if complications develop, we will know whom to contact.

15. If the resource you contact is unable to help you, check with your professional back-up or the resource persons -- and, use your imagination.
16. In making a referral to another agency it is best to check back with the client to see if he has obtained help.

RESOURCES

17. Referrals should sometimes be made to Family Service, if Tele-Care social worker is not available. Discuss, where possible with your professional back-up or one of the resource persons. In general, you can begin thinking about a Family Service referral (a) where a home visit is required for fuller diagnostic evaluation; (b) where the older person needs help in adjusting to an environment which cannot be changed; and (c) where serious depression or emotional crisis is suspected -- e.g. suicidal impulses, profound apathy, exaggerated grief reactions to loss of spouse or near relative, unusual paranoia, disorientation. The Mental Health Clinic, 352-7921, is another useful resource, particularly if the caller has a history of institutionalization or may need chemotherapy.
18. Be alert for signs of crisis. One pattern which seems to be fairly common, and well may indicate serious agitation, is repeated calls by a client to Tele-Care over a short period of time. When talking with a client, ask if he has called before -- and when, with what outcome. If you suspect that the client is deeply distressed, even though he may sound well-controlled, get in touch with one of the back-ups or the social worker immediately.
19. Tapes on resources, problems and volunteer roles are available at the Tele-Care office. Additional pamphlets, explaining the services available for the elderly (Old Age Assistance, Food Stamps, Medicare etc.) are available at in-service meetings or at the office.
20. You may be asked by a neighbor or relative to intervene in the life problems of an older person. Unless there is an acute emergency, it is best for the concerned neighbor or relative to inform the older person that Tele-Care has been contacted on their behalf. You may then initiate a call and explain your understanding of the problems and the ways in which Tele-Care might be helpful.

Tele-Care Guidelines No. 4
REASSURANCE CALLING

As reassurance callers, you are performing one of the vital and important services offered by Tele-Care. The elderly, the shut-in, or the disabled person knows from your call that some one cares and will check on him personally if he is unable to answer the phone. Hopefully, some of the fears of falling and not being found for days and fears that something will happen in the night will be dispelled. Surely all persons regardless of age who live alone should have some one checking on them daily. This is especially true of older people.

1. You will receive from the person making the request some indication of the client's needs and why he will benefit from daily reassurance calls. It is best not to discuss problems and needs mentioned by the referral source unless the client brings them up himself.
2. In the Initial Contact, tell the client that you have been asked to contact him regularly naming the referral source. Be sure to find a time to call that is mutually convenient. A time which will not interrupt a favorite T.V. program or a routine important to the client. Also, this is a good time to let the client know about other Tele-Care services.
3. Have the name and telephone number of a family member, neighbor, or close friend with whom you can check if you are unable to reach your client at designated time and have reason for concern.
4. Ask the client to call you if he plans to be out of reach of the phone at your regular call time.
5. Try not to inflict your troubles and worries on your client. Keep your telephone visits fairly short and check on any immediate need - i.e., transportation for a doctor's appointment. Encourage your client to make as many of these calls and contacts as possible. Remember, our aim is to help the client remain self sustaining. When we take on the job of making appointments, checking diet, etc., we may be taking away some of the clients self-reliance and independence.
6. If you feel that your client needs further help, feel free to consult or refer client to our Social Worker at 356-2547. Maybe your client needs "Meal-on-Wheels," a call from the visiting nurse on a more regular basis, or a change in living plan.
7. We have monthly in-service training sessions for our Friendly Visitors and Reassurance Callers. Please plan to attend and share your experiences. Sessions are planned to help clarify your role in the helping process and to improve services to our clients.

Remember, the police are an excellent source for emergency help if you are unable to reach your client within a reasonable length of time, and feel the client needs to be checked on immediately.

TELEPHONE REASSURANCE PROGRAM

Volunteer's Name _____ Month _____ 19 _____

Tele-Care 352-0021 Volunteer on Duty, Coordinator of Volunteers, Irene Metzger, 344-0506, 708 W. Mich., U.
Tele-Care Office 352-7775

Client's Name	Phone	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

- List name, phone no. and scheduled time of call for clients whom you are to contact daily. Allow ample time for client to answer telephone. Bear in mind, some might be handicapped and have difficulty in responding immediately. At least 12 rings are recommended.
- Mark an X in the column under the appropriate date as you make a contact daily. If no response is received, make all other calls, and then try again to reach the client who failed to answer.
- If no response is received, please immediately contact a resource listed above so that appropriate action may be taken.
- If a client you talk to indicates that an urgent problem exists and some type of assistance is needed, also contact one of the above and briefly outline the problem. Advise client that someone will call back to discuss the situation in detail. Note the circumstances briefly on the reverse side of this form, including name of client, time of call and problem encountered.
- In the event that a client advises you that he will be temporarily unavailable on given dates due to medical appointments, trip out of town, etc., mark an 0 in the box under the appropriate dates, make a brief entry on reverse side to serve as a guideline for future contacts.
- Remember that the police are available and very helpful in emergencies.
- On the last day of the month, forward completed form to the Tele-Care coordinator, Irene Metzger, 708 West Michigan, U. If you are unable to make your scheduled calls, notify us in advance so that a substitute can be arranged. Remember that all calls are to be made in a cheerful, friendly, courteous manner. Treat clients with the dignity and respect accorded your personal friends. Chat amiably but remember your role.

Tele-Care Guidelines No. 3
TELE-CARE GROUP LEADERSHIP

Tele-Care groups are established to provide a needed opportunity for our older persons to develop a close and sustaining relationship with other individuals, a sense of belonging to the group as a whole. Most older persons have sustained many losses of strength, status, kin, friends, and income. Many have been part of cohesive natural groups of family, friends, church, or occupational associates, and have many social skills which are no longer being used. Some have never needed or used such skills or supports beyond their immediate and personal relationships, or never developed their own capacity to give in a group.

For these persons, Tele-Care has developed weekly social groups. The groups are structured as follows:

1. Structure

a. One hostess-group coordinator has responsibility for planning meeting time, contacting each guest, arranging transportation, planning for space and refreshments, developing group programs, or activities according to the needs and wishes of those involved.

b. 2-3 additional volunteers - for transportation and assistance in the above tasks.

c. Social worker consultant to make referrals, to participate occasionally in the group, to be available for referrals from the group for counselling.

d. A pool of 12-15 participants. Generally for reasons of health, etc., an older person may be unable to attend every group meeting, although there is usually a nucleus of 4-6 devoted "regulars." The most efficient and productive group size, for developing the desired relationships is 10-12, including the volunteers. The larger pool insures continuity even if some members are unable to attend regularly.

2. Meetings

Groups may meet in a volunteer's home or in a central meeting place, such as a church or other facility. Meetings last approximately one and one-half hours -- allowing one half hour before and after for transportation, and involves a roughly three hour time committment from the volunteers. Refreshments are simple, and the dietary needs and preferences of the groups are considered. Guests frequently enjoy contributing to the refreshments themselves, and occasionally wish to act as host or hostess for a meeting.

3. Reporting

Weekly reports to the volunteer coordinator, Gloria Mueller, should be made by the group hostess-coordinator, indicating the persons in attendance, the general activity or trend of the group, and any individual problems which have been identified as needing additional services.

4. Goals

Goals for groups are both those for the group as a whole, and those for the individual members.

a. For the groups as a whole, the goals are the development of a sense of community, the development of common interests and activities, the provision of mutual caring and support for the individuals in their own lives.

b. For the participants, the goals are varied according to the individual needs and range from the opportunity to utilize personal and social skills which have been a longtime part of the personality, to the opportunity to experience for the first time a caring, non-critical and accepting group of peers. Other goals may include a restimulation of interest in others and outside events, simple pleasurable experiences, a challenge to present one's best side to the world.

5. Group Leadership

Group leaders should be aware of the natural leadership abilities of some participants. They should identify areas of conflict among members and seek to find the common ground for accord. They should lead the group members to self-expression on an honest but responsible level -- working for a relationship of integrity, honesty, responsibility, and committment and caring. One expression of this should be an emphasis with the group on the confidentiality of shared feelings and experiences. Programming should follow the expressed needs and desires of the membership and make use of community resources.

6. Training

Group leaders should participate in regular initial Training for Tele-Care Volunteers, plus a special introduction to group leadership by a person trained or experienced in group work. Each group leader should observe or assist once in an on-going group before initiating a new one. In-service training will be provided regularly, including consultation with social workers and the Champaign County Mental Health Center Consultant, Frances Hadley.

Tele-Care Guidelines No. 6
NURSING HOME VISITATION

Friendly visiting to persons in nursing homes and shelter care homes serves many purposes. It is particularly important for the many among our Tele-Care clientele who have no other available family or friends with whom they can maintain a continuing relationship and therefore a contact with the world as they knew it. It is also important to combat the sense of isolation which is often even more severe for the individual who must live his or her life in a crowd of strangers. The visitor to the person in a long term care facility can act as advocate, mediator, provide distraction and give meaning to life for the individual who may otherwise have lost almost all sense of autonomy and self direction. The visitor may participate in activities designed to restore a sense of reality and to provide remotivation for those who have become withdrawn and apathetic.

The following steps should be taken by any Tele-Care visitor to patients in nursing or shelter care facilities:

1. Participate in the regular Tele-Care Volunteer Training to become familiar with the problems of aging and the community resources.
2. Participate in specialized training to become familiar with the long term care facilities, their capabilities and their limitations, and the needs of their residents. Use County Office on Aging information guide, "Nursing Homes and Shelter Care Facilities in Champaign County."
3. Define for yourself and for the organization with which you work, VIP, RSVP, church group and/or Tele-Care the time and committment to the visitation which you will undertake. Make a reasonable committment which you can keep so that the individual you visit will not experience any unnecessary disappointments.
4. Participate in regular in-service training to share experiences and expand your ability to be of help to the person you visit.
5. If you come in as an "outside volunteer," identify yourself to the management, the nurse in charge, the aide doing the daily care and to the person you are visiting and identify the organization with which you are affiliated. Sign in each time with volunteer coordinator or activity director at the nursing home.
6. Be sure you visit with the knowledge of the patients' natural family or responsible guardian (attorney, caseworker, etc.) if available.
7. Visit regularly. Check with the nursing home concerning the desireability of any gifts, foods, trips, etc. you may plan; since there may be medical or other reasons why some things are not desireable.
8. Depending upon the physical and mental and emotional state of the patient, plan conversation and activities offering choices, relationship to reality, a sharing of personal life (your courses, interests, children, activities) and public life (town and county politics, church affairs,

building, etc.). Encourage activities and conversation which emphasize areas of competence, past or present, to enhance the self esteem of the person.

9. Discuss activities, reality therapy, remotivation as tools with the facility activity director, nurse in charge, consulting social worker, Tele-Care social worker, or volunteer coordinator for ways to help your particular client.
10. If abuses are noted or reported to you, consult the Tele-Care social worker for best avenues to explore in reporting or ameliorating them. Some such reports are only too true. Some are fabrications of patients who are under emotional stress.
11. Do no physical care or nursing procedures, i.e. trimming nails, etc. These are the province and responsibility of the staff of the facility.
12. Where possible, work to alleviate the sense of isolation by helping the patient to relate well to others in the home, to develop trust, mutual caring and responsibility. Your visit lasts an hour or two per week at best. The resident must remain, unless the condition is a temporary one. Frequently visitors can work as a team to develop such relationships for those they visit, or to create group discussions involving more clients than their own.
13. While offering compassion for the emotional devastation of the entrapment experience, maintain a focus on reality and do not raise expectations to return home, etc. where it is not medically feasible. Check all such requests carefully with responsible parties, including the physician, before participating in any plans to move the resident. Where you believe a change is possible, however, use the consulting social worker, the Tele-Care social worker, etc. to explore all avenues of referral for home health care and explain the steps you have taken and their results -- including negative results -- honestly to the person you are befriending.
14. In cases of terminal illness, be prepared yourself for the loss experience at the time of the patient's final release. Be prepared to discuss his or her knowledge of the situation gently, tactfully, and with acceptance, following the lead of your client. For some the discussion of unity with the past and future (i.e. location of the family tombstones, etc.) is deeply supportive. For others, denial, the discussion of future plans, new cures, etc. make the situation more tolerable. Always be supportive of evidence of courage, and reemphasize the ongoing worth of the individual. If an emotional crisis seems imminent, consult the Charge nurse, Tele-Care social worker, etc. Most of all, help your friend by caring how he or she feels, by being willing to touch, hold hands, come with reliability and share life while it is lived.
15. Tele-Care volunteers report your regular visits to Tele-Care Volunteer Coordinator, monthly. Note any special concerns or progress on your report.

Added notes on the long term care experience:

Long term care facilities are currently licensed by the Illinois Department of Public Health, for skilled nursing, intermediate nursing and shelter care. Medicare pays for restricted periods in cases where skilled nursing is needed for a presumed recovery from some condition. There are serious limitations to the Medicare payment picture. Care is financed by private pay at rates established according to the degree of care needed. Care is financed by The Illinois Department of Public Aid for those whose resources have been wholly depleted. Individuals who move into congregate care do so for a variety of reasons and with a variety of outcomes. The situation may be one of convalescence from a cataract operation, or long term total care following a severe stroke or other illness. The care may be needed because of mental confusion or simple physical incapacity to continue self care even with supportive helps. Tele-Care visitors may be continuing an ongoing relationship as a long time friendly visitor or they may be initiating contact as a VIP, RSVP or other Tele-Care volunteer at the request of the resident, the family or on referral from other agencies or the facility itself.

Residence in a nursing or shelter facility for short or long term poses one major threat to the emotional well being of the older person -- loss of autonomy or self-determination. In even the best facility, most decisions concerning daily routine, choice of companions, foods, activites, etc. are redirected if not enforced. Only rarely does the person have the privacy of a room to him or herself. For safety sake, in many instances, personal restraints are used, rigid diets enforced, unpleasant medications or therapies are involved. The tolerance for these depends in large part upon the resident's perception of their usefullness to him or her. Many persons on entering such a home have great anxiety, particularly the assumption that all residents are "senile," and that they too will be considered so. Suspicion and hostility toward the staff and other residents is frequent. The patient may fear that no one will ever "find" him or her again. Some personnel respond to these fears and the subsequent behavior by roughness, some by treating the person as an infant. It takes a remarkable person to continue granting the resident all the dignity of individuality under such circumstances, particularly if unpleasant physical problems are present such as loss of bladder or bowel control, etc. Nursing home personnel are not highly paid, the facilities are often understaffed, and the turnover is very high. Even the staff of the most well meaning nursing homes work long hours at heavy labor, -- lifting, washing, cleaning, at minimum wage. They are given little or no training in many instances. They may respond, as any human, to the difficult patients with impatience or at times anger. They infantilize the person to make the unpleasant phenomenon more acceptable. Because of the high rate of turnover in staff, the patient cannot develop the relationships of trusting expectation. Even

where turnover is low, there are several persons responsible in the course of the various work shifts of the week -- which can easily lead to a sense of depersonalization on part of both patient and staff. The resident may withdraw from any attempt at real communication. To the extent that doctors, families, and other significant persons cannot be reached independently and do not respond promptly when called, the resident's sense of isolation is increased. The person may respond by withdrawing into symptoms of confusion, infantilism, etc. thus fulfilling the prophecy of his or her fears.

Manifestations of these symptoms are variable within the individual. The volunteer should not be discouraged by these changes and, if possible, should persist in attempts to reintroduce reality and relationship at each visit. Your continued effort may make the crucial difference.

There are instances, however, where the person who is fortunate enough to find a place in one of the better facilities and who responds to the attempts of staff, volunteers and others to help him or her maintain a hold on reality and be involved in productive or meaningful activity, may well move from symptoms of physical debility and mental withdrawal to a real communication with others, an interdependence with new friends facing similar problems and often a new opportunity to be active or effective in the community at large. You as a volunteer may help to offer this opportunity through participation, encouragement and support for the person at his or her best level of effectiveness.

Tele-Care Guidelines No. 7
BASIC PHYSICAL ASSESSMENT METHODS

Listed below are some basic observations you may make while providing volunteer service to your client. Volunteers are not expected to make a trained medical judgment concerning any of these. If you feel that further medical assessment is needed, encourage your client to contact his physician. Also, referrals may be made to the Champaign-Urbana Public Health District, or Champaign County Nurses Office for further evaluation by a Public Health Nurse.

Telephone Volunteers: While talking with your client on the phone, you can observe two things -- speech patterns and hearing quality.

1. Is the client speaking in a rapid manner? This could indicate fear or nervousness.
2. Is the client's speech inappropriately slow or slurred? This could possibly indicate a slight stroke.
3. Does the client appear to be orientated to time and place?
4. Does the client have difficulty in hearing you? Does he have a difficult time hearing the phone ring? Illinois Bell can help with these problems.

Remember, the telephone is sometimes the elderly person's only link with the outside world.

Volunteers with personal contact with the client: This type of volunteer work affords the opportunity to observe the general appearance of the client.

I. General Appearance:
   A. Eyes
      1. If client wears glasses, does he have them on? Are they in good repair?
      2. Do you notice any drooping of an eye lid? This could imply a slight stroke.
      3. Does your client complain of blurred vision, or double vision? This condition needs to be assessed by the doctor.
   B. Skin
      1. Color of skin: pale, ruddy, cynotic (blueness), jaundiced (yellowness), excessive dryness, rash, bruises, cuts, sores. These symptoms can indicate many things from vitamin deficiencies to simply living in mid-western weather!
   C. Dentures
      1. Does your client wear dentures? Is he wearing them? If he usually has them out, perhaps they are broken or do not fit well any longer. These things are readily amenable.

II. Respiratory System:

A. Does the older person complain of nosebleeds?
B. Does he have a cough, wheezing or congestions?
C. Does he complain of chest pain?
D. Does the person seem unusually breathless on this visit?

These conditions warrant further medical evaluation. Encourage your client to call his physician.

III. Cardiovascular:

Much of the disease that affects the older person occurs in the cardiovascular system. Usually these people are under current medical supervision and the symptoms that you see are residual.

A. Extreme swelling (edema) of the extremities needs further medical evaluation.
B. Your clients need time to adjust to position change, i.e., getting out of cars because of the cardiovascular system's inability to recover quickly, (postural hypotension).
C. Any blueness of the extremities needs further medical evaluation.

IV. Gastrointestinal:

Because you often are helping your client with his grocery shopping, or transporting him to and from a nutrition site you have the opportunity to talk about food. Nutrition is one of the leading problems of our aging population both from the standpoint of quantity and quality of foods.

A. Does your client say that he "doesn't seem to have an appetite any more?" Could this be from being lonely rather than a true physical problem. Older people fail to cook nutritiously for themselves for many reasons.
   1. They don't enjoy eating alone (no one does).
   2. Cooking for one is not fun or easy.
   3. There is a real decrease in the sharpness in the sense of taste and smell in the aged and things need to be as attractive and as appealing as possible.
   4. Shopping is harder when you're older.
   5. Cost of food today is enough to take anyone's appetite away!

   These are areas that your service to the older person can make a big difference.

B. Bowels: This subject comes up often. The older person sometimes has a problem with constipation because of the intestinal motility slowing with age. Encourage your clients not to worry about a daily bowel movement, they are not necessary for good health and also, everyone develops a pattern which is normal for him.

You can encourage your client to drink adequate amountsof fluids and eat a nutritious, well balanced diet, including fruits, fruit juices and ruffage. If the problem persists or they continue to be concerned over it, have them contact their physician.

V. Mobility:
When you are driving your clients, you can readily observe their mobility. If they use crutches or a walker, do they use these to their full potential for mobility and safety? The Public Health Nurse can help these clients learn to use these devices more fully. Also, if the disabling condition is caused by arthritis, the Public Health Nurse has resources for canes, walkers, and helpful devices to assist these people.

VI. Medication:
Older people take more medication than any other group. Because of their age, however, they are more prone to drug toxicities, reduced drug tolerance, and the sensitivity of the target tissue may be altered to a greater or lesser degree. Another very real and practical problem is that of the older person being able to open the medication bottle. Remind your clients that they can ask to have their medication put in regular screw cap bottles when their prescriptions are being filled.

The act of being an effective volunteer is developing the ability of reading "between the lines" about the nature of your client's life situation. The people that you will be in contact with will have a diversity of medical problems, and standardized plans are not possible to fit every situation. If you ever have any questions as to the seriousness of the problems, encourage your client to contact his physician.

The Public Health Nurses from the Champaign-Urbana Public Health District and the County Nurses Office are also most willing to assist the older persons in our community and in the county. By working closely, we can provide an atmosphere condusive to optimal independent living for our "mellow" citizens.

RESOURCES

New form as of Jan. 1, 1974 for Tele-Care telephone volunteers. Please use this only for MISCELLANEOUS INFORMATION AND REFERRAL calls, not for routine transportation or volunteer report form statistical sheet for new clients or unusual cases.

Volunteer's Name _____ Date _____

1. CALLER'S NAME _____ PHONE _____
   NATURE OF CALL _____
   _____
   REFERRALS GIVEN _____
   _____

2. CALLER'S NAME _____ PHONE _____
   NATURE OF CALL _____
   _____
   REFERRALS GIVEN _____
   _____

3. CALLER'S NAME _____ PHONE _____
   NATURE OF CALL _____
   _____
   REFERRALS GIVEN _____
   _____

4. CALLER'S NAME _____ PHONE _____
   NATURE OF CALL _____
   _____
   REFERRALS GIVEN _____
   _____

5. CALLER'S NAME _____ PHONE _____
   NATURE OF CALL _____
   _____
   REFERRALS GIVEN _____
   _____

TELE-CARE CLIENT REPORT FORM

(Volunteers, please return this to Mrs. Irene Metzger, 708 W. Michigan, U.)

NAME OF CLIENT _____ PHONE _____

ADDRESS _____ DATE OF CALL _____

NAME OF CALLER _____ ADDRESS _____ PHONE _____

REASON FOR CONTACT _____

_____

_____

CLIENT'S STATE OF HEALTH _____

_____

Client's Age	Sex	Race	Religion	Occupation

Marital Status	Retired	Income (Source)

Family	Location

Present Professional Help (Dr., Agency, etc.)

Professional Back-Up Consulted

Volunteer or Staff Member	Phone

SUMMARY OF CONTACT WITH OR IN BEHALF OF CLIENT - Agencies contacted, dates, outcome of contacts, and plan developed with or for the client.

ORIENTATION

TRAINING TIPS:

DESIGNING AN EFFECTIVE ORIENTATION SESSION

By the

National Student Volunteer Program

ORIENTATION

Pre-Service training often goes by the name of orientation. Regardless of the terminology, leaders of volunteer programs are becoming increasingly aware of the need for a more sophisticated form of job introduction than the old, "Here's your desk, here's where you hang your coat and this is Mrs. Wilson, your supervisor." The design offered here for training prior to the actual work experience lays out the essentials of the typical orientation and expands the concept beyond that of a perfunctory lecture session.

In the past, too many volunteers were assigned vaguely-described jobs in unprepared agencies staffed by strangers who operated in what was to a newcomer a totally alien environment. Naturally, many were frustrated and disillusioned and some failed completely at their tasks.

Most failures can be avoided if volunteers are given adequate pre-service training. This type of training requires knowledge, skill and a supportive attitude on the part of the agency staff. Most of you who undertake the training task will need assistance in designing and conducting effective pre-service sessions. The following design and suggested techniques that accompany it should help. Its actual implementation should take about two hours and will function best with 10 to 25 participants.

Preliminary Design

The agency who conducts the orientation sessions should assemble a representative group of people who have a stake in the project. These folks should prepare a preliminary design well before the first session's scheduled date. By airing their expectations, these people can help establish general objectives based on the needs of the agency and the volunteers. The general objectives might be expressed as follows:

General Objectives

To help volunteers assigned to this agency to understand who we are, what we do, and how we do it, and to learn what the volunteers can do for us.

This is just a sample general objective; prepare your own to fit your situation. Next, translate the general objective into specific measurable objectives. These specific objectives must be measurable or you will not be able to train or evaluate accomplishments of the training sessions effectively.

Here is how you might write your specific objectives:

Specific Objectives

At the end of the orientation session, the volunteers assigned to this agency will be able to:

RESOURCES

1. List their expectations for the job and what they think the agency should do to help them achieve these expectations.
2. Identify rules of behavior and appearance expected of them.
3. Describe the specific jobs for which volunteers are required.
4. Describe the work standards of the agency, indicating acceptable and unacceptable levels of work.
5. Identify their supervisors by name and title and describe how the supervision process affects them in their work.
6. State precisely work time schedules and the extent of their commitments in hours and weeks.
7. Show evidence of enthusiasm for their volunteer commitment and a sense of belonging to the agency. (This objective will probably be a matter of alert observation on the part of the trainer.)

Again, write your own specific objectives making sure that they are the measurable as well as specific. Keep in mind, however, that these are preliminary objectives. At the start of the session, you will want to adjust or change them to get goal agreement among the participants.

The Learning Climate

Provide an attractive, informal environment in the agency. Remember you are offering group participation and you want the volunteers to be actively involved in the learning process.

Be sure everyone has been informed of time and place. Have all your materials ready before the sessions start, and arrange for refreshments to be available during breaks. Prepare name tags for everyone, including yourself.

Arrive early and greet the participants personally, handing out name tags to each. Introduce them to each other and enlist help in greeting others.

Finally, start on time.

Training Session Techniques

Every trainer has his own techniques, and whether you are a professional trainer or strictly an amateur, you may have techniques that you are most comfortable using. The techniques described for the several activities or sections of these orientation sessions are only suggestions; if they don't work for you, develop your methods.

First Activity (about 10 minutes)

Convene the group and greet them collectively, cordially, and informally.

Introduce yourself and share your role. Start the session with the idea that it is intended to orient new volunteers to their jobs.

Introduce the agenda in this vein:

"We think this information will be useful to you, however, we are happy to answer any additional questions you might have."

Second Activity (about 20 minutes)

Unless you are positive that everyone in the group knows everyone else, provide a context in which volunteers can get acquainted with one another. (e.g., games, etc.) New Volunteers especially older people, like to know what kind of people they are going to work with. One way of offering people an opportunity to learn something about each other is to convene small discussion groups of 5 or 7 and suggest that the participants introduce themselves and share some of the reasons they are volunteering. Fifteen minutes should be sufficient for a group of 5, a little longer, or shorter depending on size of groups.

Third Activity (about 10 minutes)

The participants' comfort will be increased if the volunteer coordinator also shares some information about himself. For example, she/he can tell about personal benefits that he/she is receiving from working with volunteers.

After these introductions, proceed to the objectives of the orientation.

Objectives

The first three objectives fall together naturally. Again, they are:

1. List volunteer work expectations and ways in which the agency should help them achieve these expectations.
2. Identify rules of behavior and appearance expected of volunteers.
3. Describe the specific jobs for which volunteers are required.

These fall into catagories of expectations and requirements. Each party to the contract (the volunteer and the agency) must make expectations unequivocally clear. Part of the process is an assessment of tasks and capabilities. It is counter-productive to ask for volunteers without specifically detailing what they are required for.

Who comesfirst? Should agency people immediately tell the volunteer their expectations or should the volunteer have the first chance? Most orientations follow the first alternative. We'd like to suggest that you follow the second because:

RESOURCES

You can avoid answering questions that volunteers are not taking or questions for which they do not need answers at all.

You can get a clear sense of the group's concerns and start building presentation priorities on that.

You will reaffirm the climate - setting phase of the orientation by seeking volunteers' opinions and do in a considerate manner.

You will be alerted to concerns that you had not thought about.

Keep in mind that you are vulnerable. Mr. or Mrs. is new to the environment. Mrs. or Mr. may believe that he/she doesn't have the right to voice demands and expectations. If that's not a problem, the volunteer may assume that the agency knows what his/her expectations are or assumes that all the volunteers have similar expectations and that the agency knows them. Finally, some people have not expectations at all -- or at least none that they can articulate. In any event, do not assume that people will voice their expectations in an orderly manner just because you ask for them. Incidentally, the recitation of mutual expectations is not very interesting. If it goes on very long, volunteers will get bored. So will you. Communicate as quickly and as interestingly as possible. Here's one technique:

Fourth Activity (about 15 minutes)

Present a brief introduction to the subject: "Before we can work together productively, you have to know exactly what legitimate expectations are going to be made of you and we need to know the expectations you have of us. None of us is clairvoyant, so these mutual expectations should be expressed and shared before we can decide whether or not we belong here and are building a good working relationship!"

Hand out the job descriptions and add any clarifications that seem necessary; ask each person to read the description and be prepared to answer questions or give reactions.

After sufficient reading time has elapsed, form discussion groups; again a group of 5-7 is about right.

Ask for questions and reactions. Answer the questions fully and honestly. Listen to the reactions and comments.

Fifth Activity (about 10 minutes)

It is not only important that the volunteer know what is expected of him, but the agency should also be aware of his resource area talents. You could

begin by mentioning that the agency still doesn't know precisely what you can contribute. When they do, they will be able to match your talents with the jobs to be done. The purpose of the following discussion topics is to help you identify and be ready to share your abilities with people at the agency:

1. Think about the talents you have that may be useful on your volunteer job.
2. What things do you need to know that will enable you to do a better job?
3. How can the agency help you learn the things you need to know?

At this point, it is time to be more specific about the job structures.

Objectives 4-7

Objectives 4-7 focus on performance standards and relationships within the organization:

4. Describe the work standards of the agency, indicating acceptable and unacceptable levels of work.
5. Identify volunteer's supervisors by name and title and describe how supervision affects them in their work at the agency.
6. Precisely state work time schedules and the extent of volunteer commitment in hours per week and weeks per year.
7. Be able to identify co-workers by name and appearance and relate at least one conversation with each.

Sixth Activity (about 45 minutes)

Take 30 minutes and tell the volunteers what they should know about job standards, their supervisors, work schedules and any other information they will need during their first months as volunteers. One important caution: Don't overload. Tell the volunteers only the things they really need. It doesn't matter how significant or insignificant the information may be. If they need it, tell them. But don't talk about the history of the agency or people who have gone before. That information is interesting and they will appreciate it more after they have been on the job a while.

Seventh Activity (about 45 minutes)

Take 15 minutes and talk about the people whom the volunteer will be serving: the Aged. Thirty minutes should be given to a guest speaker who is an expert on the process of aging; psychological aspect of aging; empathy and listening training with the aged person, etc.

When the presentation is over, ask for questions and wish them well.

RESOURCES

A PRE-SERVICE TRAINING SESSION

ACTIVITY	TIME ALLOTTED	OBJECTIVE	METHODS
1	10 minutes	introduction share agenda	presentation answer questions
2	20 minutes	participants get acquainted with each other	small group discussions
3	10 minutes	participants get acquainted with volunteer coordinator	presentation
4	15 minutes	job clarification	read job descriptions share expectations answer questions
5	20 minutes	background and talent identification	write talent descriptions, skill and benefit expectations
6	45 minutes	identify job standards, supervisors, schedules, other basic data about job	presentation answer questions
7	45 minutes	discussion about aging, empathy and listening training	presentation, film, or guest lecturer question and answer period

(This material is reprinted from the magazine Synergist, Winter 1974 [Vol. 2, No. 3]. Parts of the article have been adapted to aging programs.)

SERVICE WITH LOVE

SERVICE WITH LOVE

A Volunteer Neighborhood Outreach Program

Sponsored by

SOUTHEAST DISTRICT

MICHIGAN ASSOCIATION OF HOSPITAL AUXILIARIES

Revised April 1974

PREFACE

This program is the result of a joint effort of Southeast District -- Michigan Association of Hospital Auxiliaries and Pontiac General Hospital to demonstrate community concern for the comfort and well being of the aged.

As a pilot project, SERVICE WITH LOVE was tested intensively for one year at Pontiac General Hospital. It is still successfully operating as an integral part of their auxiliary program. A further measure of the success of the project is that it stimulated the establishment of SERVICE WITH LOVE Centers operating in conjunction with but not based in a hospital.

This manual was developed as a guideline for all hospital auxiliaries who wish to provide the service. The format is flexible and may also be easily adapted by those Centers not based in hospitals.

Community Action Committee
Southeast District, MAHA

Jane Blumberg (Mrs. Herbert)
Rose Greenberg (Mrs. Wm. P.)
Chairman
Eleanor Rohrbacher (Mrs. Earl)
Co-Chairman

1973-74

RESOURCES

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SERVICE WITH LOVE

Purpose: To assist the lonely and handicapped aged by
- A. Providing daily personal telephone contact.
- B. Providing transportation for health needs.
- C. Providing needed personal services.

Method:
1. Establish SERVICE WITH LOVE Centers to operate from a hospital base or to operate in conjunction with a hospital.
2. Coordinate and enlist the help of community organizations and individuals.

Responsibilities:

Participating SERVICE WITH LOVE Centers
1. To provide the organizational structure, supervision and leadership.
2. To provide office facilities and necessary supplies.
3. To enlist the help of the public and community organizations.
4. To recruit and train volunteers.
5. To maintain records and files.
6. To provide continuing evaluation.
7. To plan and carry out a continuing public information program.

Southeast District - Michigan Association of Hospital Auxiliaries
1. To provide the impetus and leadership to develop the program.
2. To maintain an ongoing program of evaluation.
3. To provide organizational kits as guidelines.
4. To provide advisory services to all Centers.

POLICY

I. Basic Service to Client (the aged or handicapped)
- A. Will be phoned on a daily basis (7 days per week including holidays) at a specific time agreed upon by the client and the Center.
- B. Will be provided with a telephone label:
  1. To identify the program.
  2. To provide an emergency telephone number.
- C. Will be mailed birthday, holiday, sympathy and get well cards.
- D. Needs will be referred to proper resources.

II. Eligibility Requirements for Client to Receive this Service
- A. There are no limits for eligibility related to specific age, marital status, living situation, health, financial need, or refusal to provide a neighbor with a house key.
- B. The client must personally want to participate.
- C. Client must reside within the geographical boundaries determined by each individual center.

D. Client who does not wish the regular phone service, but does request help, should be referred to the proper resource.
E. Client must be home at the mutually agreed upon calling time. The service will be discontinued if the client does not cooperate.

III. Referral for Service
A. Referrals should be accepted from the community at large unless otherwise limited by the individual Center.
B. Where indicated, send follow-up letter to referral source informing them of client's acceptance or refusal of service.

IV. Community Resources
A. Continuous effort should be made to expand community involvement.
B. Utilize existing resources.
C. Develop needed resources where there is a lack.
D. Avoid duplication of services.

V. Volunteers
A. Must be personally screened by the participating Center.
B. Must adhere to limits of the program and never offer service to one that cannot be given to all.
C. Should not meet personally with the client unless under circumstances authorized by the program supervisor.
D. Calls may be made from the Center or from the volunteer's home.

VI. "Satellites" (branches of a hospital based SERVICE WITH LOVE Center)
A. May be established within the broad geographic area of the hospital.
B. Supervised by and directly responsible to that hospital.
C. "Satellite" volunteers should receive credit for hours, may join the hospital auxiliary, and should be welcome to participate in all activities open to hospital volunteers.

VII. SERVICE WITH LOVE Centers Not Operating from a Hospital Base
A. Must make arrangements to exchange services with an accredited hospital in their geographic area.
B. Must be able to fulfill all responsibilities as defined in Statement of Purpose.

VIII. Budget
A. Operating expenses to be borne by the auxiliary, the hospital, or the SERVICE WITH LOVE Center.
B. Donations may be accepted for the program to defray operating expenses and to extend service.

IX. Program Identification
A. Participating Centers must use the title SERVICE WITH LOVE in all communications.

B. The "logo" provided by Southeast District should be used on all printed material.

GUIDELINES FOR DEVELOPING PROGRAM

I. Involve your Hospital
   A. Administration
      1. Obtain approval for all facets of program
         a. telephone arrangements
         b. suitable physical location
         c. extent of staff involvement including Public Relations, Social Services, emergency care, clerical services, etc.
         d. budget
      2. Keep informed of involvement with the community.
   B. Staff
      1. General orientation to purpose and procedure of SERVICE WITH LOVE.
      2. Formulate policy and procedures to be followed when staff is involved in providing services.

II. Involve the Community
   A. Each community is an individual entity and should be approached in terms of their specific resources and needs.
   B. Suggested contacts:
      1. Clergy
      2. YWCA and YMCA
      3. Senior Citizen organizations
      4. PTA's
      5. Public and Private Social Service Agencies
      6. Social Security Administration
      7. American Red Cross
      8. Volunteer agencies who provide auxiliary services such as Fish
      9. Visiting Nurse Association
      10. County Departments of Health
      11. Police Departments
      12. Youth groups
   C. Schedule meetings
      1. Interpret SERVICE WITH LOVE program
      2. Solicit names of the aged
      3. Arrange for the exchange of services such as:
         a. transportation
         b. hot meals
         c. clothing
         d. housing
         e. health evaluation
         f. emergency involvement of police

4. Begin the development of a resource list
   a. expect to become a referral clearing house

D. Follow-Up
1. Send letter to all contacts informing them of progress (Form #2).
2. Send letter to all who request information (Form #4).
3. Distribute flyers (Form #6).
4. Send letter to law enforcement (Form #3).
5. Contact news media.

III. Involve your Volunteers

A. Orientation
1. Give general background information concerning movement towards community outreach programs.
   a. ability of volunteers to involve the community and meet needs directly -- without red tape.
   b. auxiliaries represent organized volunteerism and the power to innovate, develop and maintain such programs.
2. Discuss unmet needs of the aged.
   a. basic areas of health, food, shelter, transportation, etc.
   b. fear of being incapacitated and unable to reach help.
   c. loneliness.
3. Discuss why hospitals are uniquely appropriate institutions to provide this service.
   a. reservoir of professional expertise.
   b. utilize already existing volunteer manpower.
   c. basic problems of aged related to health needs and care.
4. Discuss specific procedures.
5. "Satellites" and SERVICE WITH LOVE Centers not based in a hospital.
   a. discuss the interrelationship of the hospital with Southeast District, Michigan Association of Hospital Auxiliaries, and American Hospital Association.

B. To Start the Program
1. Develop your own organizational structure and refer to job descriptions for specific responsibilities and procedures.
2. Recruit volunteers to place calls.
3. Actively solicit volunteers who have administrative and public relations ability.
4. Follow up on referrals by placing the initial call to the client.
5. Limit the beginning calling list to provide opportunity to re-evaluate procedures -- start slowly.
6. As program progresses, extend community involvement to include more names of aged and to provide additional services other than just calls.

(Name of Hospital or Center)
PROGRAM SUPERVISORS -- JOB DESCRIPTION

Program Supervisors are responsible for the overall development and operation of the program.

I. Communication
   A. Act as a liason between Administration, Southeast District Community Action Committee, Volunteers, Community Agencies and Organizations.
   B. Plan and implement all continuing public information programs.
   C. Continually seek and become involved with other community programs that contribute to the welfare of the aged.
   D. Maintain a resource list of agencies contacted and the person to contact within said agency (Form #5).
   E. Develop and distribute all forms and letters.

II. Recruitment and Screening of Volunteers
   A. Utilize existing reservoir of hospital volunteers.
   B. Publicize program through news media and flyer (Form #6 and #7).
   C. Personally interview all recruits.

III. Orientation
   A. Give a one-to-one orientation to volunteers. This should include a brief history and background of the program.
   B. Conduct "on the job" training.
   C. Arrange for adequate meetings with all volunteers so that the lines of communication are kept open.
   D. Conduct follow-up orientation and educational programs as often as necessary.

IV. Supervision
   A. Responsible for supervision of volunteer performance and continuity of program.
      1. Must develop a system to transmit pertinent information from one day to another.
      2. Must set up an alternate supervisor to handle emergency situations.
   B. Stimulate motivation by maintaining close contact with volunteers.
   C. Maintain schedules so the seven day operation is not interrupted.
   D. Supervise and maintain weekly contact with "Satellites."
   E. Personally handle emergencies.
   F. Must collect all material from any volunteer leaving the program. This is vital to protect the rights and privacy of the clients.

RESOURCES

V. Maintenance of Records and Files
   A. Maintain a monthly statistical report of activities and hours of service. (Form #15)
   B. Review birthday list, making certain birthday cards are mailed to arrive before birthday.
      1. Assign to appropriate volunteers the mailing of holiday and other cards.
   C. Maintain an updated file of Request for Service (Form #14).
   D. Maintain an inactive file.
      1. Deceased clients
      2. Service cancelled by clients or Center
         a. record dates and reason.

VI. Initial Calls to Clients
   A. This call must be made by supervisory personnel to set the climate of the program.
   B. The call should begin as follows: "Hello, Mrs. _____. This is __(name of hospital) SERVICE WITH LOVE. Your name was given to us by _____, who thought you might be interested in our service. This is a free daily telephone call of assurance to tell you somebody cares." (Further explain program.)
   C. If aged refuses service, assure them of your interest.
      1. Make it clear that service will be available to them should they change their mind.
      2. Send follow-up letter (Form #8) to referral source.
   D. If aged accepts service, obtain all information as indicated on application card (Form #9).
      1. Confirm name and address of next of kin.
      2. Arrange time for the call with the client.

VII. Follow Up Procedures
   A. Make certain letter (Form #10) plus telephone sticker (Form #12) is mailed to aged after initial call.
   B. Send letter (Form #11) with telephone sticker (Form #12) to next of kin.
   C. Add name of client to a master file.
   D. Review and follow-up all Emergency and Personal Requests (Form #14) making certain disposition has been noted.
   E. Review all report sheets at least once a week making certain all special requests and/or emergencies have been noted and handled correctly (Form #13).

VIII. Ongoing Evaluation
   A. Continually examine and update program operation as clientele and services expand.

B. Investigate and develop individual groups or areas that may qualify as "Satellites."
C. Schedule meetings with your volunteers and community contacts to solicit their suggestions and recommendations.
D. Keep a close check on the list of clients to determine when a concerted effort should be made to obtain more names.

VOLUNTEER CALLER -- JOB DESCRIPTION

I. Purpose
   A. To assist the lonely and handicapped aged by
      1. Providing daily personal telephone contact.
      2. Providing transportation for health needs.
      3. Providing needed personal services.

II. Method
   A. Establish SERVICE WITH LOVE Centers to operate from a hospital base or to operate in conjunction with a hospital.
   B. Coordinate and enlist the help of community organizations and individuals.

III. Requirements for Volunteers
   A. Must attend the orientation classes conducted by the Volunteer Service Department.
   B. Must have the ability to talk gently, briefly, and politely with the aged on the telephone.
   C. Must be able to evaluate quickly any emergency that may be encountered.
   D. Must faithfully serve on a regularly scheduled basis, time and day to be arranged in advance, so that daily telephone contact with the aged is maintained.

IV. Procedures and Responsibilities
   A. If unable to work, volunteer must call the supervisor.
   B. Volunteer should record hours of service.
   C. Volunteer will be provided a list of client's names with background information to be used when placing calls.
   D. Obtain information regarding any special instructions or requests from the previous day.
   E. Starting with the first call as indicated on the time schedule, each telephone conversation should begin as follows: "Hello, Mrs. _____. This is (name of hospital) SERVICE WITH LOVE."
      1. Volunteer introduces herself with first name only.
      2. If the individual is new to the program, verify all information on the application card and reinterpret the purpose of SERVICE WITH LOVE.

3. With all calls, be sure to repeat that they will be called the next day at the same time. Will they be at home?

F. All important information should be reported with red ink on the daily report sheet (Form #13).

G. All requests for further personal service must be recorded with red ink plus the follow-up (Form #14) must be completed.

V. Emergencies

A. Refer emergencies to the supervisor or to an alternate designated by the supervisor.
   1. If there is no time to follow this procedure, contact police or appropriate resource.

B. How to determine if a medical problem is an emergency.
   1. Check how long they have had these symptoms.
   2. Are they being supervised by a doctor?
   3. Are they on medication?
   4. If this is a chronic situation being treated, refer client back to their doctor. If not being treated, record on follow-up (Form #14).
   5. If the symptoms are new, acute and not being treated, consider as an emergency.
   6. At no time personally prescribe any form of treatment or medication.

C. If the volunteer fails to reach the client by telephone, the previous day's report sheet should be reviewed again for any possible instructions pertaining to the aged, i.e., is the client on vacation - did the client have a doctor's appointment, etc.
   1. If it cannot be determined why the aged is not answering the telephone, the volunteer proceeds to make a call to the nearest neighbor or relative.
   2. If these people have no information, the individual who has permission to enter the client's home should be contacted.
   3. After double checking, the volunteer may summon the help of the local police or sheriff's department.

VI. Hospitalization of Aged

A. If the volunteer learns that a client has been hospitalized, she should request that a card be sent, and follow up on the situation.

B. Personal visits may be made only with the permission of the supervisor.

VII. Volunteer - Client Relationship

A. Volunteer must adhere to limits of the program and never offer service to one that cannot be given to all.

B. Volunteer should not meet personally with the client unless under circumstances authorized by the program supervisor.

C. Volunteer must not give out personal information, i.e., her last name, phone number, etc.

D. Volunteer must not divulge any personal information regarding a client to anyone other than workers in the program.

VIII. Volunteer Retirement

A. A volunteer leaving the program must return all SERVICE WITH LOVE material to the supervisor. This is vital to protect the rights and privacy of the clients.

SERVICE WITH LOVE

Roger E. Nelson, M.D.
Executive Director
and Consultant

SERVICE WITH LOVE
Pontiac General Hospital
338-4711

Pontiac General Hospital

SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Dear

Some time has passed since my initial contact with you and the numerous meetings leading up to the implementation of Pontiac General Hospital's "Service With Love" program. This pilot program was officially launched on October 30, 1972, with approximately 22 aged on the calling roster. This number increased to 40 on December 8, 54 on January 11 and over 70 calls per day by February 8, 1973.

On February 8, 1973 Independence Center, 5331 Maybee Road, Clarkston, Michigan joined with Pontiac General Hospital and became its first satellite. The volunteers of Independence Center are providing the daily call of assurance to 21 aged of the Community.

I do want to express my gratitude for your support and suggestions during those crucial early days when we were planning the format of the program.

Although "Service With Love" is still a pilot project and many of its facets are yet to be developed, the heart-warming comments from the aged and community citizens makes it all worthwhile.

The enclosed material is for your information. Please feel free to call if you have any questions.

Sincerely,

Irene D. McNamara, Director
Volunteer Services

IDM:yr

Enc. 1 - (Form #4)
1 - (Form #6)

Roger E. Nelson, M.D.
Executive Director
and Consultant

SERVICE WITH LOVE
Pontiac General Hospital
338-4711

Pontiac General Hospital

SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Dear

On October 30, 1972 Pontiac General Hospital launched a Community Out-Reach Program, "Service With Love", designed specifically to assist the lonely and handicapped aged. Service With Love provides a daily telephone call of assurance to our aged and in many instances is the only contact the aged have with the outside world.

If the caller fails to reach the aged and it cannot be determined why the aged is not answering the telephone, the volunteer proceeds to make a call to the nearest neighbor or relative. If these persons have no information, the caller may summon the help of local police. Since October 30 we have not had to summon the help of the local police and would do so only in an emergency.

The Pontiac and Waterford Police and the Oakland County Sheriff's Department are aware of this program. It was suggested by the Oakland County Sheriff's Department that your department be informed of "Service With Love" especially since some of the aged may be residents of your territory.

The enclosed material is for your information.

Please feel free to refer any questions you may have to the Volunteer Office, 338-4711, ext. 232.

Sincerely,

Irene D. McNamara, Director
Volunteer Services

IDM:yr

Enc. 1 - (Form #4)
1 - (Form #6)

(Form #3)
1973-74

Roger E. Nelson, M.D.
Executive Director
and Consultant

Pontiac General Hospital
SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Service With Love is a project of the Southeast District of the Michigan Association of Hospital Auxiliaries, currently operating under the auspices of Pontiac General Hospital.

Purpose: to assist the lonely and handicapped aged

Method : to provide daily telephone contact with <u>any</u> aged person who wishes the service.

The nature of the call is warm and friendly - reassuring the aged that somebody cares. The aged are further relieved of the fear of being unable to obtain help when incapacitated. Service With Love has the name of neighbors who will check the aged persons home if they do not answer our call.

These telephone contacts have led to the discovery of many further needs of the aged including transportation, health care, housing, clothing, and food. To meet these problems we have been able to draw on the resources of the Hospital such as the Medical Staff and the Social Services Department. In addition, we have been able to stimulate interest in the community so that other volunteer groups are sharing their resources to meet needs as they arise.

Response to this program by both the aged and the volunteer community has been dramatically positive. We are, therefore, planning to extend and expand our services by further stimulating and coordinating community resources.

We are most interested in including any individual, group or organization who wish to share in this project. Of course, we will follow-up on telephone contacts with any aged you refer. If you have further questions about the program, please contact the Volunteer Office of Pontiac General Hospital at 338-4711, extension 232.

Sincerely,

Irene D. McNamara

Irene D. McNamara
Director of Volunteer Services

IDM/em

(Form #4)
1973-74

COMMUNITY RESOURCES LISTING

SAMRL's

CARETAKERS	Carriage Circle, Mrs. Carlson	338-4 5
	North Hill Farms, Mr. Langs	334-092
CLOTHING, TRANSPORTATION, MISCELLANEOUS	Fish - Lake Orion - Oxford	332-2[illegible]4
	Novi	349-207
	Pontiac	334-5 5
	Sister Alice Clover, Coordinator St. Williams Parish, Walled Lake	624-3[illegible]5
	Columbia Ave. Baptist Church Jo House, Sec'y, or Freda Whitt (Provides transportation to shop, meet 4:15 p.m. Community Center for North Hill Farms residents)	335-9[illegible]60
DOMESTIC HELP	Homemaker Service of Metropolitan Detroit Pontiac Branch	334-399[illegible]
HOSPITAL BEDS (No fee for rental)	Pontiac residents - Pontiac Fire Dept. Mr. Arthur Bridger	333-7[illegible]03
	Walled Lake residents - Walled Lake Cons. Schools Mrs. James Campion	363-67[illegible]31
HOT MEALS	O.E.O. Pilot Nutrition Program	338-92[illegible]7
	Mrs. Annett Redmond	338-9268
	Mrs. Peggy Aloy	
ILLNESS	Oakland Co. Health Dept., Nursing Div.	332-9255
	Pontiac General Hosp. - Jerome Trojanowski Director of Medical Social Services	338-47[illegible]1 ext. 4[illegible]1
POLICE	Oakland County Sheriff's Dept.	335-81[illegible]4
	Pontiac Police Department	332-01[illegible]1
	Waterford Police Department	
PUBLIC RELATIONS	Walled Lake P.T.A. Council Mrs. James Campion, President	363-67[illegible]1
	Welcome Wagon of Oakland County Mrs. Jean Ward, Area Hostess	642-01[illegible]0
RECREATION	Golden Agers - Y.W.C.A. Mrs. Mildred Porritt	373-66[illegible]3
	Columbia Ave. Baptist Church Freda Whitt or Jo House, Sec'y.	335-9960
"SATELLITE" OF SERVICE WITH LOVE	Independence Center Mrs. Salzano, Director	673-2244

SAMPLE

A FREE DAILY TELEPHONE CALL TO THE AGED OF OUR COMMUNITY TO

GIVE REASSURANCE AND HELP WITH THEIR SPECIAL PROBLEMS

Would you like to receive this service? Perhaps you know a friend or a relative who would.

OR

Would you like to volunteer your help in this program?

Please call the Volunteer Office of Pontiac General Hospital at 338-4711, extension 232, or complete and return the form below.

DETACH AND MAIL TO: Service With Love
Pontiac General Hospital
Seminole at West Huron
Pontiac, Michigan 48053

Date_____

Name_____

Address_____

Telephone Number_____

Check One:

_____ I would like to receive the telephone calls

_____ I would like to volunteer my help

17180

(Form #6a)

Pontiac General Hospita
Seminole at West Huron - Pontiac, Michigan 4805:

SERVICE WITH LOVE

IS . . .

"This is Pontiac General's Service With Love" ... seven days a week, including Holidays, this phrase is used by a concerned voluntcer beginning her conversation with one of our aged.

The nature of the call is warm and friendly, reassuring the aged that somebody cares. The aged are further relieved of the fear of being unable to obtain help when incapacitated. Service With Love has the name of neighbors who will check the aged person's home if they do not answer the call.

In an emergency trained volunteers act quickly and are prepared to get help by calling one of the many community agencies who are prepared to help our AGED.

These daily telephone contacts have led to discovery of many further needs of the aged including transportation, health care, housing, clothing and food. Thus Pontiac General Hospital reached beyond its walls and volunteers from many segments of our Community united with us in a cooperative effort and achieved success with a program designed to meet the needs of the rejected aged of the Community.

Response to this program by both the aged and the volunteer community has been dramatically positive. We are, therefore, planning to extend and expand our services to the aged. We are most interested in including any individual, group, or organization who wish to share in this project

WE NEED YOUR HELP!!!

SAMPLE

Your contribution ... a gift for the Community's AGED.

You are invited to share in Pontiac General's Service With Love.

On behalf of Pontiac General Hospital, we invite your consideration of these needs:

1. Volunteer Callers
2. Transportation (on a call basis)
3. Cash donations

Your generosity will increase the quality of our Service for the AGED and it will reflect and illustrate your Concern for the well-being of our fellowman.

WRITE OR CALL THE...

Volunteer Services Department
Pontiac General Hospital
Seminole at West Huron
Pontiac, Michigan 48053

Telephone Number 338-4711, ext. 232

"SERVICE WITH LOVE"

IS . . .

A "FREE" DAILY TELEPHONE CALL TO THE AGED OF OUR COMMUNITY TO GIVE REASSURANCE AND HELP WITH THEIR SPECIAL PROBLEMS.

SAMPL

NEWS RELEASE - IMMEDIATELY

SERVICE WITH LOVE is currently being introduced in the community in answer to a widespread and long-standing need. Briefly, it is a daily telephone call to senior citizens who live alone and would like the security and support of the knowledge that someone cares enough to phone each day, including Sundays and holidays. There is no charge for the service and anyone who is interested should call 531-2531 and ask for SERVICE WITH LOVE. Arrangements will be made at once to include the individual in the daily program. If there is sufficient need, meals and other services may be provided.

SERVICE WITH LOVE is a program sponsored by the Southeastern District of the Michigan Association of Hospital Auxiliaries, and the representative in the northwestern Detroit area is the Arnold Home. All calls are made by trained volunteers and, of course, anyone who would like to assist in this very worthwhile project is most welcome and should also call 531-2531 to volunteer his or her services. This program welcomes assistance of any and every kind, and works in co-operation with FISH and other similar organizations.

Whether you need help or can offer your assistance in helping others -- call and let the group know.

Arnold Home Auxiliary 9/20/73

(Form #7)
1973-74

Roger B. Nelson, M.D.
Executive Director
and Consultant

SERVICE WITH LOVE
Pontiac General Hospital
338-4711

Pontiac General Hospital

SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Dear

At your request a telephone call has been placed to:.

This is to inform you that at the present time the party does not wish to join this program.

Thank you for your interest. We shall be happy to process any future referrals received from you.

Sincerely,

Chairman,
Service With Love

yr

(Form #8)
1973-74

Roger B. Nelson, M.D.
Executive Director
and Consultant

Pontiac General Hospital
SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Recently you received a telephone call from Pontiac General Hospital's "Service With Love." At that time you expressed interest in receiving a daily personal telephone call of assurance.

This is to inform you that we will start calling you daily beginning _____.
(date)

So that the Service With Love phone number is readily available to you, please apply the enclosed sticker to your telephone.

We are happy to be of service to you.

Sincerely,

Co-Chairman
Service With Love

IM/bb

Enc. 1 - (Form #12)

(Form #10)
1973-74

APPLICATION CARD

Pontiac General Hospital's Service With Love
Southeast District - M.A.H.A.

(Form #9)
1973-4

NAME _____ DATE INITIAL CALL _____
BIRTH DATE _____

ADDRESS _____ PHONE _____
(Residence of Aged)

NEAREST RELATIVE _____ PHONE _____

NEAREST NEIGHBOR _____ PHONE _____

KEY TO AGED'S HOME _____
(Name of person with permission to enter)

TYPE OF HANDICAP _____ TIME TO CALL _____

ASSIGNED TO _____ PHONE _____
(Volunteer)

REFERRED BY _____ SAMPLE

DOCTOR _____ PHONE _____

CLERGY _____ PHONE _____

COMMENTS: _____

(Print this form on 8" x 5" card)

SAMPLE

May be ordered from:

Postal Instant Press
141 E. Maple Rd.
Birmingham, MI 48011
642-1968

Or any Jiffy Sticker Outlet Co.

(Form #12)
1973-74

Roger B. Nelson, M.D.
Executive Director
and Consultant

Pontiac General Hospital
SEMINOLE AT W. HURON • PONTIAC, MICHIGAN 48053 • PHONE 313-338-4711

SAMPLE

Dear

Your name was given to us by one of our aged who is receiving a daily call of assurance from our Service With Love volunteers.

Service With Love is a program designed for our Community's aged who feel the need of having someone to contact them so that illness or an accident will not go unnoticed. Persons who agree to receive this service are called by phone daily directly from Pontiac General Hospital by a volunteer. If the aged cannot be reached by telephone, you will be notified to help us determine why the aged is not answering the telephone. If both the aged and you cannot be reached, the local police will be asked to assist us.

There is no charge for this service. It is sponsored and financially supported by the Auxiliary of Pontiac General Hospital.

May we count on your assistance, if needed? We are enclosing a brief description of our Service. If you have any further questions, do not hesitate to call us. So that the Service With Love phone number is readily available to you, we are enclosing a sticker which may be applied to your telephone.

Sincerely,

Irene D. McNamara
Director of Volunteer Services

Enc. 1 - Flyer (Form #6b)
1 - (Form #12)

IDM:yr

(Form #11)
1973-74

SOUTHEAST DISTRICT - MICHIGAN ASSOCIATION OF HOSPITAL AUXILIARIES
PONTIAC GENERAL HOSPITAL'S "SERVICE WITH LOVE" PROJECT
DAILY REPORT

SAMPLE

Day of Week _____
Date _____

Call #	Time of Call	Name of Aged	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

(Form #13)
1973-74

SAMPLE

PONTIAC GENERAL HOSPITAL'S "SERVICE WITH LOVE" PROJECT

Emergency and Personal Request Form

(Form #14)
1973-4

Name _____ Date _____ Time _____

Address _____

Requested by _____ Phone No. _____ Source _____

Request:

How Handled:

Comments/Follow-up:

_____
Signature of Volunteer

(Print this form on a one-half sheet)

GUIDELINES FOR STATISTICAL REPORT

1. Number of clients
   - Male
   - Female
   - Couples
2. Number of calls to clients
3. Cancelled service (by client or Center)
4. Stopped service temporarily (vacation, hospitalization)
5. Resumed service
6. Moved from area
7. Deceased
8. Information (food stamps, drivers license, pet care, etc.)
9. Hospitalization (one or more times per client)
10. Need for live-in housekeeper
11. Housekeeping assistance
12. Health (nursing evaluation, medicinal needs, eye glasses, etc.)
13. Emergency health (to hospital, etc.)
14. Neighbor check on no answers
15. Transportation requests
16. Hot meal requests
17. Hospital equipment (wheel chairs, beds, walkers)
18. Nursing care
19. Household equipment or personal needs (refrigerators, hair-dressing, embroidery, clothing etc.)
20. Food or groceries (lack of same)
21. Cards
    - Birthday
    - Get-well
    - Sympathy
    - Hoilday (Valentine's day, Easter, Thanksgiving, Christmas)